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EDITORIAL COMMENT

THE NURSE'S PRIVILEGE

Our country is at war. Nurses are needed. In every home from the Atlantic to the Pacific, among the rich and the poor, the old and the young, the effects of this war are being felt. From the homes of every class, regardless of circumstances, a million and a half men have been called to arms, taking from some the means of support and leaving in all a sense of loss and anxiety. This is the burden those who are left behind must carry because of this war. But we should not add to that burden an apprehension lest there be not enough nurses to give to their men, should they be sick or wounded, the proper nursing care.

In every home throughout our land the increased cost of living is being felt. In addition to this every man or woman who earns more than a thousand dollars a year is called upon to pay a special war tax. For those individuals whose earning power is less than that, the increase in the cost of the necessities of life is working a still greater hardship. And all are asked to make sacrifices that we may help feed the armies engaged in the war, those of the Allies as well as our own.

Whenever great numbers of people are crowded together sickness follows. And the bringing together hurriedly of so many thousands of troops to be trained and hardened for service, has brought the usual trail of sickness into our camps. History is again repeating itself, but never before have nations been in a position where they could meet these conditions so effectively.

Throughout the country, men and women of our so-called leisure class are doing hard work in their homes and at Red Cross centers to meet the demands of the Red Cross and the Government, in equipping and maintaining the army. But the Surgeon General holds that none but the most highly trained nurses shall care for the sick and wounded. Our privilege is to serve. Already thousands of nurses are in the service, both in the warring countries and at home. The

nursing service of the Red Cross was practically the only department ready for war when war was declared. We have reason to be immensely proud of ourselves and of our representatives who are officially guiding this department of our Government. But we must do more.

Notwithstanding the splendid showing of Red Cross enrollments, the supreme moment has arrived when the resources of the entire nation must be utilized. The trained nurses of America have at their command now a power which is ready for immediate use. One in close touch with the army in France says, "Every Red Cross nurse who gives her services saves the lives of five hundred soldiers." That is the proportion of men to a nurse, who will die for want of care if deprived of her assistance, for the doctors cannot do all. Think what a tremendous responsibility rests upon us; let us rise nobly to our high privilege.

The first call for war service, among both men and women, takes always the idealists and the enthusiasts—in this war our college men and our most representative nurses. But no war has ever been maintained by recruits from these alone. To keep the ranks filled the plain, practical, everyday worker has always to be urged and brought into line for service, sometimes by special legislation as in the case of our military draft.

We understand that any class of workers needed by the Government to carry on the war may be drawn into service by a similar draft, and that such a draft might, in case of need, be applied to nurses. This, however, is not going to be necessary. Up to the present time we have met the need. And we shall be able to meet it.

There are, undoubtedly, thousands of graduates who have not yet been aroused to a sense of their privilege, but who intend to respond when the need becomes more pressing. They must be aroused to the fact that we need them now, that the men in our home camps suffering from meningitis, scarlet fever and other diseases may not be deprived of the skilled nursing care which we alone can give.

We have in reserve hundreds of women signed for service with the base hospitals who stand ready at an hour's call to serve their country either at home or abroad. And we have over ten thousand nurses which the still incomplete survey shows will graduate in the spring of 1918. Fifty per cent of these nurses can be spared and will enroll for Red Cross service.

To be a Red Cross nurse means that a nurse has submitted to the highest physical, intellectual and moral tests that this country requires of its nurses. The Red Cross nursing pin is, therefore, the emblem of a high degree of nursing efficiency.

The Red Cross Nursing Service makes the reserve for both the Army and the Navy, and the nurse who is enrolled for active service passes automatically into one branch or the other. When the nurse enlists for such service, unlike either medical officers or enlisted men, she does not have to go through a period of training, she is prepared. Florence Nightingale organized the first nurse training school on a military basis as a result of her war experience, and the value of that military training has never been more strikingly proven than in the present crisis.

If every nurse who for some unavoidable reason cannot volunteer, will see to it that one woman who has not yet responded is aroused to a proper sense of duty, she will be performing a patriotic duty second only to actively serving at the front.

To go may mean to look possible death in the face, to stand firm and steady, but that is what every soldier in the trenches is doing today. Can the nurse do less?

There are many things in this life worse than death, and one of these is to have failed when one might have helped. The Bible says that God guards with peculiar care those who are His. Then let us go forth under His banner, as well as under the banner of France, of Britain, and of America, and leave the results with Him.

WHAT TO DO

Nurses engaged in the important work of carrying on our hospitals and training schools should do their bit by enrolling for Red Cross recruiting service among their own pupils and graduates, making application through the nearest Red Cross Nursing Service Committee. We believe that, should our nursing service fail in this great emergency, it would be the fault of our teachers who have not stimulated in their pupils the proper professional spirit.

We suggest that every meeting of nurses to be held during March and April, for whatever purpose, should be turned into a Red Cross rally, with speakers and papers and letters from members now in the service for the purpose of arousing and stimulating a patriotic sense of obligation.

Where nurses do not feel equal to arranging such a programme, they can get assistance from the chairman of their Red Cross Division, and from the Red Cross Notes by Miss Noyes, in the February JOURNAL. The reports that are published in the Red Cross Department of this magazine are official, and are to be obtained only through our columns. This information can be used as material for papers and discussions.

We must not depend entirely upon visits from the Staff of the

National Department of Nursing to awaken patriotic fervor, but in each home center nurses must do their bit in recruiting as well as serving.

Alumnae associations can do much to help to make the life of the nurses in our camps more pleasant by getting together books of a kind that nurses read for recreation, remembering that these women are at isolated points where, even if they could afford to buy books and magazines, these cannot be obtained. One of the nurses writes, "It is a walk of a mile from the nurses' quarters to the ward where I am serving." Some of these camps for 50,000 men cover an area of ten square miles, and means of transportation, such as street cars and free automobiles, are not at hand. There must necessarily be many hours when a nurse is off duty when the lack of good reading matter is greatly felt.

It has been rumored that when the necessary part of the equipment for the nurses' quarters has been provided in the camps, greater consideration can be given to the comfort of our nurses, and that plans will be made for places where they may recuperate without expense to themselves. And we have reason to believe that a bill is now before Congress asking for an increase in their salary.

There are hundreds of nurses who must stand by the home work, especially those in executive positions in hospitals, training schools and the public health field, because the training of the nurses who are to enter war service in the immediate future must be thoroughly and carefully done by these women of experience. In many instances, important work along these lines can be done by women too old for war service, or by married members who may be called back to their hospitals for this purpose. And this same group of workers may be depended upon to stand by in the private nursing field when the lines begin to thin.

Nurses who are going into war service should see to it that they enroll through legitimate and recognized channels. They should enter directly into the Army or Navy, or through the Red Cross into the Army or Navy, not through some unit gotten up on the outside, which may leave them stranded in a foreign country and without protection.

Every nurse young enough and strong enough for war service should get into line *now* that she may respond to her country's call.

VASSAR'S PREPARATORY NURSING COURSE

Vassar College is announcing a preparatory course in nursing for college graduates only. It will be remembered that already many of the leading training schools of the country have opened their doors to college women for a course of two years and three months. Vassar

has in mind a patriotic contribution to national preparedness, in fitting a group of highly educated women to enter directly upon their practical training in nurse training schools, thereby relieving the hospitals of the burden of this preparatory instruction, and saving for these women the summer months which otherwise would be lost to the service.

Beginning the middle of June, 1918, the Dean of the summer course will be Professor Mills, a member of the Vassar College Faculty who, it will be remembered, resigned from the Poughkeepsie School Board some years ago because an untrained woman was appointed as school nurse. She has the right ideals.

This course has been arranged under the general supervision of the Committee of Nursing of the Council of National Defense, but with the direct assistance of Elizabeth Burgess, Inspector of Nurse Training Schools, New York State; Anne H. Strong, Assistant Professor of Public Health Nursing, Simmons College, Boston; and Isabel M. Stewart, Assistant Professor of the Nursing and Health Department, Teachers College, New York.

This course will be financed by the American Red Cross, from money given especially for this purpose. The Vassar Alumnae have undertaken the work of recruiting for the course. The publicity campaign, which will extend over the whole country, is in charge of a committee which includes such well known women as Mrs. Hadley, wife of President Hadley of Yale, Dr. Katherine B. Davis, and Miss Ada Thurston.

The schedule requires from six to eight hours of study, daily, and includes courses in anatomy and physiology, chemistry, bacteriology, hygiene and sanitation, nutrition and cookery, elementary materia medica, elementary nursing, hospital economy, and the historical and social aspects of nursing. For those who may have covered some of these courses satisfactorily in their previous college work, elective courses in psychology, social economy and possibly physiological chemistry will be offered.

An excellent reference library will be at hand as well as every facility for the most advanced laboratory work and class demonstration. Special lectures on interesting phases of nursing and social work will also be included.

Vassar College has arranged with a number of hospitals to admit these pupils at the end of this summer session, and all the students have pledged themselves to go directly into hospital service on the completion of the course.

In those states where the law for state registration requires three years' training in a hospital, some special adjustment will have to be

made. Wisconsin already has such an amendment before the Legislature.

Nurses have been waiting for years for women's colleges to give recognition to nursing needs and standards. Vassar is now leading in the introduction of what we believe will become a generally accepted course in all such colleges. We can see that this is only one of the advantages which the war, despite all its sorrows and sacrifices, is going to bring to the nursing profession.

A DEFINITE WAR TASK FOR MARRIED AND RETIRED NURSES

From the far east and the distant west come reports of a new movement covering practically the same ground, that of mobilizing the married and retired members of the profession for home service in case of emergency or for various kinds of nursing work should war conditions seriously deplete the supply of nurses for regular duty.

In New York, the work has been organized under the direction of Miss Goodrich. It was started as part of the work of the nursing section of Mayor Mitchel's Committee, but with the change of administration in the city government the committee ceased to exist. The plan here, which could easily be carried out in other large cities, is for a central committee with a chairman, associated with whom are sub-chairmen representing the different nurse alumnae associations in New York and Brooklyn. Each sub-chairman is in charge of a group of twelve nurses who are enrolled to give definite service of some kind in case of immediate need. Their names are on file with the most accessible nurses' registry which will notify them on call of the sub-chairman, and the hospitals in which these women have been trained are opening their doors to them for brush-up work in clinics, social service work, operating rooms and various departments.

In Seattle, a nurse who is married and in her own home is teaching seven classes a week in two training schools. She has submitted a plan to her own alumnae association in Chicago (that of Augustana Hospital), for a similar organization to that in New York. Some of the ways she suggests for nurses to be of use, and these apply to all cities and towns, are: Relief of tired nurses on special duty; relief for hours or half days of pupils, general duty nurses, registrars, etc.; assisting superintendents of nurses with clerical work, filing, mailing, etc.; assisting in operating rooms by cleaning instruments, utensils or making dressings during busy days or emergencies; helping a distracted doctor who cannot obtain a nurse, by offering to give the patient a daily bath, alcohol rub or any other treatment prescribed until a nurse may be had, in fact do limited hourly nursing; giving the regular daily or weekly instruction to nurses in training schools,

thus relieving the superintendent and her diminished force of assistants of these exacting duties; conducting Red Cross classes of home nursing for groups of women, thus making possible better home care for those unable to secure the service of a nurse.

MISS GOODRICH CALLED TO SERVICE

"Sometimes things occur as they should." Annie W. Goodrich, president of the American Nurses' Association and assistant professor in the Department of Nursing and Health, Teachers College, has received an appointment under the War Department as Chief Inspecting Nurse of the Army hospitals at home and abroad. She reported for duty at the office of the War Department on February 18. Miss Goodrich is peculiarly fitted to fill this position because of her varied experience in hospitals and as inspector of training schools in New York State, and the profession may feel proud that the Government has made so wise a selection. Miss Goodrich takes with her as her assistant, Elizabeth C. Burgess, now Inspector of Training Schools of New York State. Both have been granted an indefinite leave of absence. It is rumored that Jane E. Hitchcock, who has been from the beginning secretary of the Board of Nurse Examiners, will take under her supervision the work of Miss Burgess' office in Albany and that the inspections will be for a time discontinued.

A CALL FOR CLOTHING

Our readers who are specially interested in the work of the War Relief Committee of *Le Cercle Rochambeau* are asked to contribute garments, worn or new, to be sent through the American Fund for French Wounded direct to France. Underclothing and shoes for children, and warm garments of any kind for destitute men and women are especially needed. They should be sent to Mrs. John R. MacArthur, 346 West 84 Street, New York, or she may be appealed to for further information.

VIRGINIA SETS A GOOD EXAMPLE

The Virginia State Board of Nurse Examiners has recently made decided advancement along two lines. It has appointed an inspector of training schools and it has voted to place a copy of the *AMERICAN JOURNAL OF NURSING* and of the *Public Health Nurse Quarterly* in every high school and college library in the state, about one hundred in all. Julia A. Mellichamp, who has been appointed inspector, has been for a long time secretary of the Board of Nurse Examiners and very active in state work. Her familiarity with the nursing problems of the state would seem to make her appointment a very wise one.

REORGANIZATION CHANGES

According to the new by-laws of the American Nurses' Association which become effective at the close of the coming May meetings, conventions will be held biennially, the next one falling in 1920.

It has been suggested that in the alternate years divisional meetings might be held, following the subdivisions of the country made familiar by the Red Cross. For instance, the Atlantic Division includes New York, Connecticut and New Jersey; the Central Division includes Illinois, Wisconsin, Iowa, Nebraska and Michigan.

Delegates are asked to consider this suggestion and to come to Cleveland in May prepared to discuss it fully, as the divisional groups should begin early to plan for their meetings. The advantage of such meetings would be the bringing into closer touch of a great number of women who do not ordinarily attend the national convention.

There is a question in the minds of some state and local officials as to when the change from the old order to the new begins.

State changes may be made as rapidly as conditions in the state make possible.

National changes and all relations of state and local to the national go into effect *at the close* of the convention in Cleveland, which is to be held from May 7th through May 11th, next.

Affiliated organizations are asked to send delegates and to pay dues on the former basis for this convention, with the exception that dues are paid for eight months only, May 1 through December 31 of this year. This makes the dues on the new plan begin with the beginning of the new fiscal year, January 1, 1919, payable in December, 1918, by the state associations.

At the January meeting of the directors of the American Nurses' Association, the chairman of the Committee on Revision, Miss Sly, reported that thirty-nine of the forty-six affiliated state associations are ready for the new plan or will be by the time of the convention. This is, we think, a remarkable achievement. With the closer affiliation which the divisional meetings will make, and with the wonderful personal acquaintance between widely scattered nurses which war service is bringing about, our nursing affairs will be given a tremendous impetus.

OUR ADVERTISING POLICY

In the hope that we may carry our JOURNAL through the war situation without having to increase the subscription price, we are departing from our arbitrary policy of seventeen years and are allowing a small portion of our front cover page to be used for advertising.

ERRORS IN MENTAL AND NERVOUS NURSING¹

BY LELA H. SUMNER, R.N.

Asheville, North Carolina

The errors arising in nervous and mental nursing are due, for the most part, to inadequate knowledge of the nature, causes and needs of these disorders. That intelligent nursing of mind sickness is comparatively rare is not strange, it is a science of recent years. Long after the need of intelligent, trained women to work hand in hand with the doctor in his fight against infection and all those other conditions that blight and destroy the body, was recognized, the unhappy victim of a mental sickness was still entrusted to a custodian who, ignorant of all laws of mental health, ruled by right of superior physical strength. We shudder at the cruelty thus ignorantly perpetrated. Conditions have changed in the last twenty-five years. More and more the need is felt for intelligent, cultured women, with big sympathies and common sense, who have been trained in the laws of health of body, mind and soul. Truly, such nursing is the most comprehensive of all nursing, and with the ever increasing number of the insane and neurotic which our civilization, by its multitudinous demands, its food excesses, its liquors and narcotics, its exemption from physical effort, is leaving in its wake, ought we not, as a profession, to meet intelligently this great, growing need?

To do this, we must first know what insanity is, the fundamental kinds, the chief causes, and the prognosis. Insanity has been defined as a prolonged departure from an individual's normal standard of thinking, feeling and acting. The word "prolonged" eliminates intoxication and delirium. In applying the definition, the word "normal" must be kept in mind, for what is normal for one might be insanity for another. Should President Wilson display the traits of Villa we should certainly deem him insane. We would note a marked lack of self-control, a symptom most frequent in nervous and mental disorders.

Other common symptoms in the insane are illusions, or false impressions of sound, sight, hearing, taste, etc. The sound of a piano interpreted as an Indian war cry is an illusion. The branches of a tree outside the window may become moving serpents to the illusional mind. If the patient should hear the Indian war cry when there is

¹ Read at the fifteenth annual convention of the North Carolina State Nurses' Association, May, 1917.

no sound, or see the snakes when there are no branches or other objects to be misinterpreted, he is suffering from hallucinations. In other words, an hallucination is seeing objects, hearing certain sounds, etc., when there is no external cause for these. "Seeing snakes" in delirium tremens is a common hallucination.

A delusion is a belief in the truth of that which is not true, due to disease. Delusions may be as varied as thought. The millionaire may believe he is a pauper and live in fear of the almshouse. The upright church worker may fear the unpardonable sin, and believe his evil deeds equal the vilest criminal's. Delusions of filth, disease, persecution, grandeur, are other common ones.

The causes of insanity may be arranged in three groups:

1. Physical, comprising about 50 per cent, include direct injury to the brain, hardening of the arteries, etc., and indirectly, tuberculosis, cancer, Bright's disease, syphilis, etc.

2. Vicious habits, 25 per cent, include unwise eating, alcohol, drugs, and sexual abuses. It is often true that the sexual abuse is, like the biting of finger nails, a symptom of lack of self-control in the disease, and not its cause.

3. Constitutional, 25 per cent, are due to heredity and physiologic changes in life, as puberty, adolescence, and the climacteric.

The outcome of a mental disorder depends much upon the class to which it belongs. It may terminate in complete recovery, or the disease may be checked after some permanent damage has been done. This condition is known as "recovery with defect." The mind which is left may be re-trained, making a two-talent intellect out of the remnants of a ten-talent mind. A third possible termination is dementia, or mental death. A large percentage of patients in our state asylums belongs to this last class. Often well and strong of body, they may live to a ripe old age, if well cared for.

The insanities have been classified by Kraepelin thus:

- I. Insanities of the developed brain: 1. Without intellectual defect: (a) the manic-depressive group; (b) states of excitement—mania; (c) states of depression—melancholia; (d) mixed states; (e) paranoia. 2. With intellectual defect: (a) epileptic insanity; (b) hysterical insanity; (c) dementia praecox; (d) senile dementia; (e) paralytic dementia.

- II. Insanities associated with arrested cerebral development: 1, Feeble mindedness; 2, imbecility; 3, idiocy.

The manic-depressive group is the most satisfactory of all insanities. It averages from four to eight months in duration, depending upon the treatment. With treatment, its course is shorter. Its

onset is apparently sudden, although this is not really the case. The undermining of the mental processes has been slow. The same irritant which causes depression in one may cause excitement in another; or both in the same individual. Insomnia is always an early symptom. Other symptoms are numerous and variable. In the excited states we find rapid, constant talking, with ideas like a moving picture, running ten times too fast; the depressed phase is just the opposite, ideas come slowly, they are few, and usually unhappy in origin. The depressed are in mental pain, but feel less keenly, so do not suffer as acutely as they express. The patient usually loses weight and is quite autotoxic, showing personal reaction to poisons in the system, due largely to defective food handling. The treatment is that of a nutritional disorder—rest, milk, raw eggs, neutral baths, and massage when the patient gets no exercise. Some patients have only one attack; others break down under every strain. Each attack, without help, increases liability to further attacks. Recovery, like the onset, apparently comes suddenly, following increased sleep and weight.

Paranoia, or chronic delusional insanity, is due to some hereditary defect. As a child the paranoiac may have been brilliant in memory work, and not until later, when real questions arose demanding judgment, was a defect recognized. Later, there is a period of introspection, with depression, and systematized, fixed delusions. Following this stage come delusions of grandeur. He may be destined to save the world. Many cranks are harmless paranoiaks. Many crimes, however, are the acts of paranoiaks who, impelled by delusions, think they are called upon, perhaps divinely so, to save their home, state or nation by killing the ones who threaten them. The paranoiac apparently is normal, except on subjects around which his delusions center. The termination is chronicity, dementia developing but slowly.

Epileptic insanity does not run a definite course. It results from deterioration of the brain, due to epilepsy. Ten per cent of epileptics go insane. There is a two-fold cause for this. Real physical damage to the brain cells results from the convulsive attacks and their causative toxicity; also, the epileptic is denied a normal life due to the uncertainty of attacks, which, together with the bromides given to prevent the seizure, aids in producing permanent damage.

The treatment of epilepsy consists in protection from harm during convulsions, diet, and exercise. Wholesome occupation in an epileptic colony is the best solution. The aim should ever be to keep down toxicity. In epileptic insanity, the treatment should always be institutional, for the patient may be more dangerous than in any of the other insanities. A peculiar impulsiveness is marked. After an

attack, everything in reach may be destroyed, and without the sense of pain; endowed with superhuman strength, the patient is difficult to control and is truly dangerous. The maniacal epileptic should be restrained while the convulsive attack is on, for the impulsive outbreak is to be expected immediately after. The outcome of epileptic insanity is usually dementia.

Hysterical insanity is highly colored by the individual, and results from the damaging influence of chronic hysteria. Uncontrolled emotions, arising from undue suggestibility, rule the body. It is a disease of the mind, and the line between hysteria and hysterical insanity is sometimes difficult to fix. The nursing of hysteria is important. Ideas of strength must be substituted for ideas of weakness, trust for distrust, love for hate. Nowhere in nursing is intelligent, stimulating, kind firmness, which guides thought and, consequently, the emotions into healthy channels, more essential. Too often, the symptoms, which imitate anything from toothache to pregnancy, are the objects of weakening sympathy and coddling. That condition of the mind which gives birth to these multitudinous symptoms must be kept in mind. It is to be wholesomely treated, while the symptoms should be wholesomely neglected.

Dementia, or mind death, may be primary, secondary, senile, or paralytic. Dementia praecox, or dementia in the young, is a disease which varies in its manifestations. Neurasthenic symptoms, alternating periods of excitement, depression, confusion, unreliable judgments, perverted affections and various delusions are some of the common symptoms. There is a basic hereditary weakness and a toxicity which make it impossible for the mind to stand the stress of a complicated existence. Early treatment, wholesome diet, exercise, simple, normal surroundings and occupation may arrest the disease, but frequently complete dementia results. During the course of the disease the patient should form simple habits of cleanliness and order, so that when the mind is gone he will automatically observe these rules. Here the nurse is invaluable, for only by her patient, kindly insistence may such results be obtained.

Secondary dementia embraces those dementias which follow the other insanities where treatment has not been successful.

Senile dementia, or dementia of the old, is due to arteriosclerosis in the brain. The arteries thicken and harden, the brain cells are not nourished, and die. The chief symptoms are depression and true melancholia. The prognosis is entirely unfavorable. Too much meat, alcohol, and under-exercise, with other toxin-producing factors, are the indirect causes of such a condition.

Paresis, paralytic dementia, or general paralysis is really dementia

with paralysis. It is due to third stage syphilis. It runs quite a definite unfavorable course, death resulting in from two to four years. With early treatment a few cases have been arrested. The treatment should always be institutional, for the moral sense goes early and the patient is peculiarly impulsive. In the latter stage, the patient becomes bed-ridden and completely helpless.

The insanities of arrested cerebral development are due to alcoholism of the parents, syphilis, injury at birth, epilepsy, defective thyroid, or morphine habit of the parent. There are three groups, classed by the power of attention of the individual. The feeble-minded, who do not come up to the average mental standards, are those of one talent. Usually they develop it, and lead simple, useful lives. The defect in the imbecile is a great deal more severe. He can frequently talk, feed himself and care for his person, but is incapable of making his own living. The idiot is incapable of caring for his person or feeding himself. He must be cared for as a baby. He may mumble, but usually his sounds are unintelligible.

So, even with a mere bird's eye view of the mental disorders, we must recognize that the field is large. From statistics we know that it is becoming larger. But at the same time, we are recognizing that prevention is the certain cure for insanity; that minds, especially of neurotic heredity, are capable of only so much so-called education; that the bodies of such individuals must be developed, and simple occupation given them; that the balance between food and exercise must be maintained; that alcohol and syphilis ever reap a wretched harvest; that defective parents produce defective offspring. These things the laity must know. We must teach them, so that insanity, in the future, may decrease, instead of increase.

But what of the present mental sufferers? Practically always, they are best cared for away from home influence, because regular habits and systematic carrying out of orders are essential. These often have to be maintained by kind, firm discipline, for deception, a means too often employed, is always detrimental. If a thing is to be done, frankly explain it to the patient, and have it done because it is an order, or because it is best. State and explain the situation clearly, once or twice a week, for the insane respect honesty and legitimate authority, even the application of the disagreeable as a discipline and not as a punishment. A nurse may lose all chance of helping a patient by one deception. Personal interest, kindness, patience, are even more essential than in nursing the rational. A nurse capable of impatience or anger in caring for the irresponsible is absolutely unfit for such work.

Many patients may be helped actively by occupation. Something to do with the hands, that interests, often alleviates the mental suffering, while exercise aids in metabolism and the elimination of toxins. Muscle work is primarily a question of nutrition. Briefly, the aims of mental nursing are three: 1, to secure recovery of the curable; 2, to ameliorate the depression, loneliness, and emptiness in the incurable; 3, to overcome pernicious habits in the chronic insane. Most insane life is a dream life. Possibly our most horrible dreams and nightmares may give a hint of the unreality of the insane mental state; so we can see why mental nursing demands the biggest and best souls to fill the great emptiness in the life of the mentally sick, and the joy which comes when light begins to flicker across the beclouded mind more than compensates for all effort that has been expended. May this joy be experienced by an increasing number of nurses, who through knowledge will eliminate the errors in mental and nervous nursing.

ACTIVE SERVICE ON THE WESTERN FRONT

BY EMMA QUANDT, R.N.

Chicago, Ill.

(Continued from page 391)

A hypodermic of morphine was given the patient so that he would rest until morning, provided his condition or the nature of the wound did not need surgical attention in the operating theatre. I shall never forget my first convoy of wounded soldiers, twenty-seven stretcher cases, almost every one had to have an amputation of some member of the body. A number of my patients died from exposure in the trenches, because it had been about thirty-six hours before any aid could reach them. It was a pitiful sight to see these strong, healthy, young men, blind or crippled for life. The majority of the British Tommies are not pessimistic or down-hearted. The spirit that exists in Great Britain is, "We are fighting for a righteous cause, to crush out militarism in Germany."

On August 26th, my half day off, I arranged for a picnic. There were ten in our party, all members of our Unit. The woods were beautiful. The spot we selected was a hilly slope facing the Channel. The tide was in, the fishing craft were preparing to bring in their harvest of fish for the morning. There were about fifteen craft in all; they made a beautiful picture, sailing down the river into the ocean. The cuckoo was calling and the nightingale singing to us as

we spread our evening meal. In the distance the sound of cannonading and bombarding could be heard. One of the British officers, a guest in our party, remarked that the British had taken the offensive at Loos. My heart sank at every report of those terrible guns that thundered destruction to human beings. Our feast being over, we retired to our huts, much benefited by our little outing. At 10 p. m. we were awakened out of sound slumber by the night sister who informed us that we must proceed at once to the receiving huts for convoy, as there were 600 wounded being brought in. It did not take us long to slip into our uniforms as we were pretty well trained to emergency calls. I reached my ward in good time and had ten minutes' grace before the wounded arrived. When they came, there seemed to be no end to the stretcher bearers. My ward had a capacity for twenty-seven, but they actually brought in forty-three wounded, the worst cases, and in oh such horrible condition! I did not know where to begin first as there was scarcely stepping room. Two doctors, four orderlies and I dressed their wounds, bathed them, and gave them clean pajamas. Then hot chocolate and hot beef tea were served. After the patients had finished their drinks, they were removed to a base hospital in England and the ward was filled again with worse cases, probably, than the previous ones.

Fortunately my ward belonged to one of our most eminent physicians whose genial smile acted as a tonic to every patient. The Tommies' general remark was: "The American medical officers treat us as human beings. They never are cross and always have a kind word for a poor crippled Tommy." They were most humble patients and appreciative persons. In their dying breath they thanked us again and again for the aid we rendered. Those that were so fortunate or, it may be, unfortunate, as to be sent back to the trenches, told their comrades of the kindness they had received at the American camp and prayed to be sent back to us in case they were wounded. During the battles of Loos, Hooge and Ypres, the Canadian No. 1 and the American 23rd General Hospitals were the only two that received honorable mention in the official dispatches as to efficiency, rapid evacuation and receiving the large convoys of wounded during these battles. Also, the entire nursing staff received the Royal Red Cross from King George. Our hospital must have deserved it, because the British Government does not give honors where they are not due.

The American Hospital Camp was situated in the midst of a hospital area surrounded by large concentration camps, a rather dangerous target for Zeppelins and not a great distance from the fighting line, as the heavy bombarding could be plainly heard when the attack

was on. Etaples is the village where Napoleon made his headquarters in the year of 1815 and amassed a million men with mud boats to cross the Channel and invade England. Fate was against him and he was taken prisoner in his mansion at Etaples. This mansion still remains the same as he left it. The natives are very proud of their historic village. The inhabitants are mostly fishermen of a dirty type. This territory is under British military law for the duration of the war. The military police made the natives clean the streets and establish sanitary conditions. To this new routine of living they objected very strenuously. Our camp lay within three-fourths of a mile from Etaples so we were frequent visitors in the village. Paris Palge, a fashionable summer resort, where American millionaires and the nobility of England spend the summer months during peace times, was within walking distance. The magnificent club house is turned into an officers' hospital, the large hotels, also, are taken by the British Government for hospitals. The wonderful bathing surf is closed and the entire city is devoid of pleasure seekers. A very few cafes are open, where one might obtain tea in the afternoon or dinner at meal times. A tramway runs between Etaples and Paris Palge, a distance of five miles, but it runs so slowly that it takes an hour to cover the distance, so we hardly ever waited for it. The use of automobiles for joy riding is forbidden by the government on account of the shortage of petrol which is saved for ambulances and transport trucks.

On April 25, 1916, the Zeppelins decided to visit Etaples. At 11.05 p. m. they announced their arrival directly over our camp by dropping an illuminating bomb. When this bomb explodes the whole area becomes as light as day so the aviators can tell where they are and can drop their bombs to advantage. Two fell a short distance from our camp but did not explode. Four fell a quarter of a mile away into the Australian reinforcements camps. It was rather exciting during the raid, the explosions were terrific, they shook the huts almost from their foundations. The night sister performed a heroic act in keeping the patients ignorant of the raid and assuring them there was no danger. A Scotchman was an exception, who remarked to sister, "You can't fool an old Scotcher. Them 'er Zeppelins come to pay their respects to the Americans." There were air craft guns mounted a short distance from the hospital camps, but they did not get busy until the Zeppelins were out of their reach. After this attack, orders were given that no lights were to be visible at night. In all of the huts, the windows were carefully shaded; the Tommies were not allowed to smoke a cigarette in the open. This new order threw great hardship on the shoulders of our

Matron, who took it upon herself to make rounds at the sisters' quarters to see that the lamps were shaded. The reception she received at some of the huts was not complimentary and her task of watchfulness was discontinued.

My service of one year in France was a most happy one. There is one regret, that I did not have all the money I wanted to spend on those poor crippled boys to make life seem more pleasant to them. The government furnished good food, but there are many little delicacies that might be provided that mean much to a seriously ill patient. The most heart-rending task was writing a dying Tommy's message to his people. One ended with these words: "Don't feel bad. The sisters and doctors have made my last hours comfortable and happy, God bless them."

The cemetery attached to our camp was kept up wonderfully well. On our arrival there were only a few graves. It did not take long to fill them, for the graves grew like mushrooms in a night. The officers' section lies toward the west and faces the Channel and the setting sun. The Tommies are buried two in a grave with white crosses at the head with the name and date and number of regiment. There are as many as fifty empty graves kept in waiting. I have seen as many as six funerals at one time. The services are read by the chaplain; the last post is sounded by three buglers for privates, and by five for officers. This is the most impressive part of the military funerals.

On October 22, 1916, one of our sisters answered the great roll call. She was stricken suddenly with spotted fever and was ill for only thirty-six hours. She now rests in the midst of fallen officers and Tommies to whom she gave her tender care. Her body was carried on a gun-carriage, an unusual honor. The sanitary officer quarantined our camp for ten days; no wounded were received or sent out for that length of time.

On November 3, I was assigned to night duty and took charge of five huts, with thirty patients in each hut, three orderlies to assist me. The duty of these orderlies consisted of general care of the patients and keeping up the coal fires. There were two stoves in each hut as the nights are quite chilly in France. In the morning they brought in the hot water, washed the patients' hands and faces and then got the ward in order for breakfast. My duty was to attend to all necessary surgical dressings, hypodermics and temperatures. I was responsible for all orders and conditions of the one hundred and fifty patients that came under my care. When the convoys of wounded came into my section during the night, I admitted

them and recorded the name, the nature of wounds and the condition of every patient of the sixty or ninety received. Usually in the morning there would be an evacuation of wounded. At 6 o'clock they had to be ready for the hospital ship to England. This meant much work for all hands. Wounds were redressed and clean pajamas put on. Some were so badly shot that it took two orderlies and myself twenty minutes to get them into their traveling clothes. Breakfast was served at 5.30, consisting of porridge, bacon, bread, butter, and tea. No matter how much pain they had suffered during the night, the minute the night-sergeant announced that the hospital ship would sail for "Blighty" in the morning, Tommy's face would beam like the rays of the sun bursting through the storm clouds. Some of them had been in the trenches for eighteen months without seeing any of their family. My heart ached for one poor soldier who was sent back to Base Detail after he had given valuable service in the attack and taking of Hill 160; his wound was a slight scalp wound. He bade me good-bye with these words: "Sister, I would have gone back to the trenches with a better spirit if I had had a few days with the Misses and the kiddies. There are seven of them. The baby came after I left. God knows it may never see its father." These little happenings did not seem quite fair to us.

There were eleven sisters on the night force. All had the same number of patients under their care. My night duty ended on January 13, and I am happy to say that I enjoyed every minute of my service. Though we did work hard, I did not mind it a bit, in fact we derived a great deal of pleasure in serving these grateful boys, who never forget a kindness shown them. The Unit cared for British soldiers only. The French have their own hospitals, doctors and nurses; they take excellent care of their wounded.

A CORRECTION

The article entitled Teaching in a Training School for Nurses, published in the February JOURNAL, was wrongly credited to Adele S. Poston, who has written us that the author is Grace Watson, instructor at Bellevue Hospital, New York City. The manuscript was not signed by the writer, but was sent to the JOURNAL with Miss Poston's name attached, hence the error.

SHALL WE SMOKE ?

BY SOPHIA J. SOUTHALL

Petersburg, Va.

The use of tobacco, for the good or ill of the individual and of the community, has not yet been weighed and judged by the general public, as has its kindred habit, the use of alcohol.

Sentence has been passed upon alcohol as a beverage: "It is good for nothing but to be cast out," and it is already denied entrance into the majority of wholesome, well-conducted homes. It is time that the attention and criticism of thoughtful people were given to the use of tobacco and to the many and varied influences and effects arising from it, and that the consensus of opinion be obtained, as to whether "my Lady Nicotine" be still allowed admission and toleration in homes where at present she holds sway, courted and welcomed and pandered to by men of all ranks and ages, and often without protest of the women.

Tobacco-smoking was introduced to the Anglo-Saxon family by Sir Walter Raleigh, about three centuries ago. He learned it from the half-savage tribes of Indians of "The New World." The use of tobacco was very limited for many years, but later it spread steadily, and during the last half century, very rapidly, to its present enormous patronage by millions of smokers, young and old, rich and poor, in every civilized land, and especially in this country. The total outlay for tobacco in the United States last year reached the enormous sum of \$1,200,000,000. Are the benefits derived from it in proportion to the time, money and physical energy spent in its consumption?

The question is primarily one of health, as to the effect of nicotine on the blood and organs of the smoker, and there is no doubt as to the answer. Medical research has exposed the evil results of the habit, and has marked the tobacco heart, the unsteady hand, the sight peculiarly affected in smokers, the irritated membranes of the throat and the lungs, and here and there the cancerous lip and tongue testifying to the work of the pipe,—every organ and tissue subject to the baneful effects of tobacco smoking.

Dr. J. H. Kellogg and his colleagues of Battle Creek Sanitarium, have for many years strongly condemned the habit, and have exposed and emphasized the evils arising therefrom, and the menace to the health in the use of nicotine. Its work is insidious, it steadily tends to the deterioration of the man. One expert on this subject, Daniel H. Kress, M.D., vice president of the Anti-Cigarette League,

states that the work of degeneration is most marked in the offspring of animals subjected to the fumes of nicotine, and that the young of those so subjected suffer most and are generally weak and defective, proving the deteriorating action of nicotine on the essential plasma of life. He so strongly senses the evils transmitted to the next generation that he says that if he could choose he would rather be the child of the average drinker than of the average smoker.

There are moral issues also to be weighed; for who can close his eyes to the disastrous effect upon the morals of the young resulting from the cigarette habit? The jails and prisons are largely filled with men scarcely more than youths, whose consciences have been more or less paralyzed and whose moral as well as physical development has been arrested by the habitual use of the cigarette. The school teacher early detects the pernicious influence at work in the boys who smoke, in loss of the keen sense of honor as well as in mental alertness. These youths grow to manhood with lower mental and moral vitality and with lower physical and nervous resources than they would otherwise have had. Besides, there is grave reason to believe that the insidious and narcotic effects of tobacco minimize in the man's judgment the importance of things "unseen and eternal," and defer the personal grappling with the problems of good and evil, of life and death, and hinder the soul from attaining that knowledge of God our Saviour, whom to know is eternal life. The significance of things spiritual grows less under the influence of tobacco.

Happily, most of the heroes of righteousness, both in civic affairs and in "the fight of faith," are men who have denied themselves this indulgence as out of harmony with the high standard of living demanded by their profession.

It is the privilege of each one who realizes the evil and far-reaching results of this popular but pernicious habit, to condemn it by influence and example, as one that is a handicap in the warfare of life, for both temporal and eternal issues, and by so doing help to establish and maintain a cleaner and more virile manhood.

HOW TO AVOID COLDS

BY LOUIS NEUWELT, A.B., M.D.

New York, N. Y.

(Continued from page 373)

We catch cold from two causes: first, by conduction; second, by evaporation. Immovable air is a poor conductor of heat, therefore people exposed to very cold weather, such as farmers, sailors, coachmen, chauffeurs, etc., carry sheets of paper between the layers of their clothing. Fur is worn for a similar reason. In addition to the immovable air, the outside covering should be a poor heat conductor. Immovable air in the outside clothing serves this purpose. Such a layer of immovable air lies between the skin and underwear, another between the underwear and shirt, another between the shirt and vest, and so on from layer to layer. Two pairs of thin cotton stockings are, for this reason, warmer than one pair of woolen stockings. For this reason, also, a porous woolen glove is warmer than a tight-fitting leather glove. Precisely as clothing in winter should prevent an undue loss of heat from the skin, so in summer it should not interfere with the dissipation of heat. The selection of clothing should depend largely on the occupation, condition of health, and the requirements of age. Clothing may be a menace as well as a blessing.

Sudden changes of the temperature of the air cause colds, frequently. A sudden cooling of the body surface predisposes to infectious diseases in general. In the tropical regions, the white population is more subject to disease because it is not inured to the sudden changes of temperature from the intense heat of the daytime to the cold of the night. Sudden changes of body temperature may cause the catching of a cold, as from automobile riding in winter, or exposure to a drenching rain, or submersion in cold water, or going from an overheated room, when perspiring, into a cooler atmosphere. Children, when smothered with blankets or feather beds, will become restless, throw off their coverings and expose themselves. For this reason, the air of sleeping rooms should not be too hot, nor is it wise to use too much covering. Old fashioned people cannot be induced to keep the windows open at night, and many a case of pneumonia is caused in just this way. Colds are very apt to follow a drinking bout and exposure to cold weather and wet.

Draughts, or currents of air differing from the surrounding air in velocity and temperature, cause a local or general chill, with a contraction of the superficial blood and lymph vessels and a resulting

congestion of the inner organs. It is the purpose of the modern system of ventilation to purify the air without causing perceptible draughty air currents.

Worry and fatigue are frequent precursors of a cold, worry causes loss of sleep and indigestion, followed by a diminution of nerve power, and a relaxation of the vasomotor system, with a consequent loss of resistance to infection. Fatigue is the outward and visible sign of an inward active poison or trauma, and that toxemia means a lessened resistance to colds as well as to many other morbid invasions.

Immoderate eating and drinking are usually accompanied by late hours, resulting in congestion, autotoxemia, and loss of nerve force; the mucosa relax and weep, and the symptoms of a cold follow.

What the connection is between colds and serious disease, both infectious and non-infectious, and what part the infectious organisms play in the causation of colds is still a mooted and hotly discussed question. Pneumonia often follows a cold. Tuberculosis is more often fatal in the spring, when rapid changes of temperature and moisture occur. Diphtheria and croup may follow a sudden cold wave. Cholera infantum and the cholera nostras of adults sometimes directly follow the drinking of iced water by overworked and perspiring individuals. It cannot be denied that the presence of specific infectious organisms is necessary to cause any specific disease. The relationship may be well accounted for by the fact that the mucous membranes of the nose, mouth and throat constantly harbor some of these germs; but as long as these mucous membranes are in their normal healthy condition,—that is, covered with their epithelia—the germs cannot enter the tissues and the circulation. A catarrh removes this protecting mucous membrane and the epithelia are swept away by the fluid. When this occurs, the living enemies, the micro-organisms, get their chance to do harmful work. As long as the mucous membranes are in a healthy condition, our noses may be full of bacilli, pneumococci, meningococci, the cocci of rheumatism, the streptococci of scarlet fever, and so on, and yet these germs can do no harm, but let there be a trauma of any kind, a slight sore or wound, and there is immediately a breach in the wall, and in rush the infecting organisms.

Colds, in the majority of cases, are house-born infections, and although from an economic standpoint they cost the community more than pneumonia, influenza and diphtheria combined, yet little or no precautions are taken to prevent their spread. That colds can be and are transmitted from one person to another by the discharges is denied by few, if any.

To prevent the "catching of colds," the general health should be

maintained. The skin surface, which is softened and its general tone lowered by a constant warm temperature of the room, by feather beds and by warm bathing, should be strengthened and hardened by cool air to which the body is gradually habituated. Cold water is an excellent protector. A good way to become accustomed to the cold is to sponge the whole body from head to toes with a towel wrung out of cold water, and then to rub the whole body dry and warm with a coarse towel, once daily. Those who enjoy the luxury of a bath tub may squeeze a wet sponge over their shoulders and then take the dry rub. A shower bath is still more convenient. In the beginning, the cold water treatment should last only a few seconds, and then later, as the body becomes accustomed to it, the time can be prolonged to a minute or two. It is easier to begin this treatment in the summer time and then continue it through the winter. Those of a stronger constitution may begin by taking a cold plunge. Infants should not be subjected to this heroic treatment because their reflexes are not sufficiently developed to give the reaction which is desirable. As a result of this cold water treatment, the individual feels a vigor and a glow obtainable in no other way. Wherever the cold water is not applicable, one part of alcohol with two parts of water, cold or tepid, preferably cold, acts well. These measures of hardening should not be applied in a cold room, and open windows should be closed temporarily. Friction should be applied to the body surface during the wash to generate the reaction. In the case of weak and debilitated persons, cold washing should not be practiced, because the cold water will not call forth a reaction. The feeling of warmth and well-being which follows the cold water treatment proves the presence of a reaction. Those suffering with a poor circulation, as evidenced by cold and wet feet, and anemics, can be helped considerably by friction with a dry towel and the wearing of stockings in bed. Another remedy is washing the feet and legs, up to the knees, with cold water followed by a brisk rubbing. This treatment is better than the use of hot water bottles or any other application of external heat. A hot foot bath with or without mustard followed by a dry rub is also helpful to improve the circulation. Colds may result from excessive perspiration of the feet. For this, a ten per cent alcoholic solution of formaldehyd is excellent, accompanied by placing into the stocking for daily wear a dusting powder consisting of salicylic acid, three parts; bismuth subgallate and talcum, each fifty parts.

The mucous membranes of the respiratory and digestive organs should be kept in a healthy condition. The avoidance of improper food and excessive drinking and of exposure to a sudden cold tem-

perature is necessary. The nose and throat may harbor many pathological conditions or growths, either congenital or acquired, such as deviated nasal septa, polypi, or adenoids. These morbid conditions cause congestion and the accumulation of mucus and pus, favoring the catching of colds. In the way of prophylaxis, all nasal deformities and morbid conditions should be corrected. Nasal irrigations with one or two drachms of a warm saline solution twice daily will help. A word of warning is timely here in regard to the use of injections, the snuffing of solutions and the nasal douche. These should be used with the utmost caution, if at all, because of the danger of forcing the infection into the ears through the Eustachian canals.

Many investigators lay all blame as to the causation of catching cold at the feet of micro-organisms; they urge the use of vaccines. The actual therapeutical value of these vaccines is still an undecided question and has proved valueless in the hands of many.

Other influences in the causation of colds are certain varieties of pollen (hay-fever), chemical irritants, as chlorine or bromine gas, and vasomotor conditions. All these require different methods of prevention or cure, according to their respective natures.

The question of the prophylaxis of colds is a many-sided one, but is mainly a matter of social interest and includes such matters as the proper construction of dwellings, factories, assembly halls, churches, and schools, and the proper method of their ventilation. Those afflicted with colds should not kiss any one, nor should they cough, sneeze, or spit indiscriminately, so as to spread the infection.

In the first stage of a cold, the patient should be put to bed with an ice bag to the head and a hot water bag to the feet. Sweating is encouraged by the taking of hot drinks, water, lemonade, milk, or whiskey, and by hot bathing. Hot foot baths, with or without mustard, are helpful. A course of calomel and salts serves to deplete the system. Phenacetine, Dover's powder, aconite, liquor ammoniac acetatis, and teas are all grateful, particularly in the acute stage.

In the second stage, excessive nasal discharge can be stopped by abstinence from drinking, together with forced sweating. An adrenalin spray (1 to 5000) acts well. Hexamethylenamine (urotropin), grains five, three times daily, is advised by many, especially in severe infections. Strychnine sulphate, grains 1-100, is a good tonic. The use of eggs and milk should be forced. It is necessary to keep the patient in bed until the temperature is entirely normal.

Repeated "colds in the head" are usually due to some form of nasal obstruction or irritation. In children, hypertrophied tonsils and adenoids are the offenders; in adults, adenoids, a deflected nasal

septum, or a supersensitive area of the nasal mucous membrane are at the root of the trouble, and relief usually follows their correction by the proper surgical procedure.

In conclusion, to indulge in an Hibernianism, the best way to cure a cold is not to "catch" one; but if we do catch a cold, we should remember that the affection is far from being trivial.

ENTERTAINING HOSPITAL PATIENTS BY MOTION PICTURES

BY ERNEST A. DENCH

Brooklyn, N. Y.

It must be a trying ordeal for active folks to be bedridden, and consequently shut off from the outside world. No patient feels in a fit condition to undertake the necessary mental work involved in reading; he wants this done for him, and the motion picture ably performs this service. By the photoplay he can be taken through the realms of romance and forget his pains and troubles for the time being.

The Ohio State Hospital at Massillon runs photoplay entertainments in the sick rooms for the patients, and other hospitals are gradually falling into line. These hints may prove of value to the hospital about to inaugurate such plays. The first item of importance is the projection machine, the cost of which ranges from \$250 to \$300. The authorities in various parts of the country insist upon the projection machine being enclosed in a fireproof booth, for if there is an outbreak of fire it cannot possibly spread further. Here an expense of \$65 is involved. This booth, made of galvanized iron, gives the operator plenty of room in which to work, and being shipped in parts, the whole is easily set up with nuts and bolts.

Carbons are necessary to run the projector. These cost from \$17 to \$44, although prices vary according to market conditions.

The next important link is the screen. Formerly a tablecloth or bed sheet was used, but science has now brought out many different screens, the best costing about one dollar and a half a foot.

Without music, motion pictures are divested of much of their charm, and while an orchestra of several pieces is best, one can get along satisfactorily with a piano.

If there is a man on the staff of employees who is well versed in electricity, he could easily become an expert operator. If he is the

right sort of man he will not object to doing two or three hours overtime of an evening, or perhaps his hours at regular work can be curtailed.

There remains one last item, the light by which to throw the pictures on the screen. If the hospital has a power plant, the current from that can be used. Have the operator focus the projection machine exactly in the middle of the screen, not an inch to the right or left, or an inch above or below. If this is not attended to, no matter in what advantageous position a spectator sits, he will either have to hold his head up high or the players in the picture appear unnaturally long and slim. The rays of light take a straight path, and if they are compelled to turn aside, a peculiar, annoying effect is produced.

In selecting a suitable lens, the size of the room, the make of the projection machine, the length and height of the screen and the distance from the operating booth to the screen must be taken into consideration. It is false economy to purchase a cheap lens.

The standard speed at which pictures are projected is sixteen "frames" to the second. There are sixteen of these "frames," otherwise tiny pictures, to each foot of film, and a reel takes about eighteen minutes to unspool. If the projection is faster, things in the film move at a rapid, mechanical pace, while explanatory matter is snatched off before it can be grasped.

The operator will have to be provided with a tool outfit, which should include cement for mending broken films, a file for sharpening carbons, lugs, reels and machine oil.

The three chief distributing organizations, General, Mutual and Universal, operate a chain of exchanges throughout the country and between them release about one hundred productions weekly. The producers marketing their wares under these factions receive ten cents per foot for each print they supply, consequently every reel costs the exchange \$100. It would be out of the question to show a film a single day on these terms, so it is hired out to the theaters booking them. The man who secures first-run service pays the highest price, but even then it only amounts to a part of the original price. As the age of a film increases, the rental decreases, until it can be hired for as low as one dollar per day. Even at this stage it is generally in good condition. The service has to be contracted for in advance, the films being shipped as required and re-shipped to the next theatre on the list at the expiration of the hiring term. It has been proven by experience that hospital patients appreciate comedy more than drama.

AFFILIATION FROM A FORMER PUPIL'S STANDPOINT

BY CHARLOTTE JANES GARRISON, R.N.

Spartanburg, S. C.

Affiliation of training schools is ever an interesting topic to introduce to a question box. The interest with which it is met, marks the manner of woman in charge of the training school. One superintendent of nurses frankly opposing affiliation, gave as her reason that the required subjects cannot be conveniently arranged. It is believed that a very close co-ordination of theory, as well as of practical work, may be arranged if both principals work in sympathy.

Speaking from the point of view of one who has benefited liberally from such an affiliation in training days, it seems not too broad a statement that affiliation is not only of advantage, but is simply just to the nurse whose training must be secured in the small, and often inadequately equipped hospital. Not all of us may be graduates of large, well endowed hospital schools, since the hospitals of the United States carrying less than one hundred beds, number eighty per cent. Whether the training in such hospitals is to be worthy of the name, depends on the character of the superintendent, and the support which her board gives her. No woman harassed with business management, the responsibility of the operating rooms and dietitian's duties can possibly be an efficient teacher of nurses. This combination of duties is too frequent in our poorly endowed, small institutions. Yet, to the woman in training, who is definitely planning for executive duties after graduation, and who cannot afford a special course, the small hospital presents a veritable mine of opportunity. Here she is pressed into duties in every corner of the building, sometimes unfortunately, for the training which is her due. Too often, the pupil is regarded as a convenience for the hospital, and we may find her relieving the telephone operator rather oftener than is really for her benefit.

It was the writer's privilege to be the first affiliated student to be received by one of the large Chicago hospitals, though there were a few graduate students there at that time. The attitude of the Superintendent of Nurses (now inspector of training schools for the state of New York), of instructor, and of head nurses was most cordial, and nothing was omitted that could make us happy and comfortable in our strange new environment. Every opportunity to derive the greatest possible benefit from our four months' course was given us.

Perhaps the first thing giving a new sensation was the precision and routine so essential in the operation of a large hospital, the efficiency of the pupils' work, and the rather informal treatment of ward patients. Yet a few weeks of observation proved the necessity of omission of some details of treatment, that the important things be accomplished. One knew that nowhere were mothers and babies cared for better, and the absolute equality of treatment was striking. The rest of my training in the maternity was on night duty, and here, because of long distances, one learned to conserve footsteps, and to plan one's work. From this came a transfer to the new Children's Hospital, with admitting, observation, dressings, "feeders" and ten days in the milk station. The abundantly equipped linen room gave up a number of useful suggestions as to restraints and garments for sick children, some of which have been utilized in the hospital which I had the honor of opening immediately after graduation. By my request, I spent four days in the surgical dressing rooms, and retired with many notes, samples of dressings, and an unforgettable respect for the value of gauze and cotton. Every thread was accounted for, and this long before conservation had become popular.

No small hospital could have given this varied experience, or so broadened one's point of view. What if the pupils of the larger training school did affect superiority? Some of them did, but not those who counted, and when one is busy, there is no time for slights. In many ways these pupils were my superiors, yet I venture to say that not one of them put into any four months so tremendous an urge to learn.

It is quite natural for the graduate pupil to feel that she is relegated to probationer duties, and that the technic of her own particular hospital is far superior to the new experience. These confidences naturally nettle the pupils in training, who are exceedingly critical of outsiders. That attitude must be expected—and ignored. Postgraduate or affiliate will receive in proportion to the amount of effort and enthusiasm which she puts into her work.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: S. LILLIAN CLAYTON and ANNA C. JAMME

WHAT TO OBSERVE IN TEACHING

In observing the work of other teachers, or in analyzing and judging the results of one's own teaching, it is helpful to keep certain outstanding points in mind. The following questions are suggested as a basis for discussion and self-criticism by teachers in training schools, and as a help to superintendents of nurses and others wishing to establish better standards of teaching in their schools.

I. *The Physical Situation.*

1. General plan of room—size, lighting, heating, ventilation, noise. Were all conditions favorable to good work?

2. Equipment—blackboards, chairs, desks, laboratory materials, etc. Was equipment of good type? Adequate?

II. *The Pupils.*

1. Physical condition—health, personal appearance, condition as to fatigue, etc.

2. General grade of education and intelligence, alertness and responsiveness.

3. Manner, behavior, spirit, attitude toward work and teacher.

III. *The Teacher.*

1. General appearance, manner, voice, poise, physical vigor and energy.

2. Character and spirit, attitude toward pupils, tact, patience, sympathy, decision, etc.

3. Ability to inspire respect and confidence and to hold pupils up to good standards of work.

4. Intelligence, judgment, scholarship, powers of organization and expression.

5. Originality and initiative, resourcefulness, enthusiasm.

6. Preparation and command of subject.

IV. *Class Management.*

1. Orderliness and system in organization of class and laboratory work.

2. Economy of time, energy, materials.

3. Order and discipline. Was it of military type? Was it secured by coercion or by voluntary cooperation?

4. Was general atmosphere businesslike or slack? Stiff and formal, or easy and harmonious?

V. *The Aim of the Lesson.*

1. What was it? Was the main object skill, information, or

appreciation? What was its social value?

2. Was the aim clear and definite?
3. Did the pupils grasp it and enter into it?
4. Was it worked out successfully in the lesson?

VI. The Subject Matter of the Lesson.

1. Was the material well selected in view of the aim, ability of pupils, previous preparation, etc.? Would it appeal to them as being worth while?

2. Was it well organized, or more or less scrappy?
3. Were important points given due prominence and due proportion of time?
4. Was the arrangement according to logical or psychological order?
5. Were the facts scientifically accurate and up-to-date?

VII. The Type of Lesson.

1. What type of class exercise was predominant—review, drill, lecture, question and answer, demonstration, laboratory, etc?

2. Was the method adapted to the subject and aim of lesson?
3. Was it skillfully handled?
4. Was time well distributed? What proportion of time was taken up by teacher?

VIII. Teaching Procedure and Results Achieved.

1. Were pupils interested and attentive? What methods were used to arouse interest?

2. What kind of motives or incentives were utilized? Was the teacher successful in enlisting the individual effort and cooperation of her pupils, or was their part forced and perfunctory?

3. Was the new work based on the pupil's former knowledge and tied up closely to her present experiences?

4. Did the teacher succeed in making all the facts clearly understood?

5. What effort was made to establish correct associations and get groups of facts knit up together?

6. What help was given in fixing facts so that they could be readily recalled?

7. How much ability did pupils show in thinking things out for themselves, in comparing and weighing relative values and reaching reliable conclusions?

8. What effort was made to help pupils to classify and organize their knowledge and to subordinate non-essentials to essentials?

9. What opportunity was given for self-expression?

10. What provision was made for individual differences in age, mental ability, temperament, etc.?

11. What evidences were there, that the pupils were using their knowledge in solving practical problems?

12. How much initiative, self-reliance and power of self-criticism did the pupils show? How much power of independent inquiry and investigation?

13. What definite habits of thinking, feeling or doing were being developed through the method of teaching employed?

14. What efforts were made to establish cross connections between different subjects?

IX. Questioning.

1. What kind of questions predominated—verbal, memory or thought questions?

2. Were the questions clear, definite, and well expressed?

3. Were they well distributed? Did the whole class participate?

4. Was enough time given for answers?

5. Were the answers ready, correct, well expressed?

X. Text-books and Assignments—Helping Pupils to Study.

1. What use was made of text and reference books?

2. Was the assignment clear and adequate?

3. Did it provide definite problems for the pupils to work on?

4. Did it suggest a stimulus or motive for study?

5. Did it help in solving any special difficulties?

6. Did it assist the pupil in forming good habits of study?

7. What command of supplementary sources of information did pupils have?

8. What use was made of note books?

XI. Use of Teaching Helps—Blackboard Work.

1. What kinds of illustrative material were used? Which were most effective?

2. Was the blackboard used to the best advantage?

3. What original or unusual devices were employed?

XII. Demonstration and Laboratory Work.

1. What definite results were achieved through the laboratory work?

2. What effort was made to correlate theory and practice?

3. What skill did the teacher show in demonstration?

4. What methods were used to develop good laboratory technic?

XIII. Summary.

1. Was this teaching of the higher, lower, or average grade?

2. Was it of the formal, conventional, routine type, or did it show evidences of life, vigor and future growth?

3. What were the especially strong points in it?

4. What were the weak points?

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Miss Georgia Fyle, a British war nurse, was awarded the Croix de Guerre by the French Government, for distinguished bravery under fire. She went to the front line trenches to give aid to the severely wounded poilus. When she left the French headquarters in Flanders, where the decoration was given, she passed out under an arch of swords held by the soldiers.

In the beginning of the winter of 1915-1916 the question of dealing with cases of trench feet was taken up actively by the officers of the first and second Canadian divisions. Preventive measures were explained to the officers and men. The result was that very few cases occurred and this winter there have been practically none. Men who had once been victims could not again be employed in winter service in the trenches. Such splendid work has been done by the Canadian dentists that for the last two years every case requiring dental treatment has been attended to within the corps area. During December there were only two cases of typhoid. Owing to typhoid and paratyphoid inoculation the sick wastage in this corps is the lowest in the army.

It is encouraging to note that contrary to the general impression created by the emphasis which is laid on the awful mutilation of present-day warfare, the great majority of the soldiers returned to Canada unfit for further military service have been able to return to their previous occupations and carry on in civil life. The number who must be educated in a new line of work represents only five per cent of those who have come back. These figures are taken from the vocational files of the Military Hospitals Commission, whose headquarters are at Ottawa.

A gift of 20,000 pounds of jam was sent for the convalescent soldiers in the western Canadian hospitals and sanatoria. It was presented by the Doukhobors, the Christian Community of Universal Brotherhood, at Brilliant, British Columbia. War is prohibited by the Doukhobor faith, and exemption from military duty was promised its followers by the Canadian Government when they came from Russia. Like the Quakers, who are doing their work in reconstruction service, this western Community is eager to succor the wounded. The fruit all came from the Kootenay district, and the jam was made in a model factory noted for the purity of its products.

Violet M. Ryley is the Organizing Dietitian for the convalescent hospitals.

It is reported that an appeal has been circulated among mutilated German officers and soldiers asking them to return the Iron Crosses presented to them, as a protest against the same honor being conferred upon home warriors and leaders of the Fatherland party. It is said that this appeal met with a large response, 1,300 being returned from Berlin alone on the first day.

The women of Munich organized a collection of hair, the work being undertaken by the German Navy League. Over 300 pounds were obtained by women sacrificing their tresses. The hair is used to make driving belts for U-boats. This is a win-the-war offering that it would be hard to equal.

Many ingenious devices have been resorted to in order to smuggle food from Hungary into Vienna, which is only a short journey from the border. The high crowns of ladies' hats turned out to be hollow cardboard boxes containing eggs. Babies in arms, carried most carefully and lovingly while the mothers passed the officials, the little faces daintily covered with lace veils, revealed when examined the head of a large wax doll, the long clothes concealing a hare, a leg of mutton, a plucked and trussed goose or duck. Milk was fairly plentiful at one time and lard very scarce, so lard was melted and poured into large milk cans and when cold a small quantity of milk sufficient to cover the lard, was poured over the top.

Lawrence Cavell, Edith Cavell's nephew, aged 19, is said to have enlisted in the American army after having been rejected three times. As soon as he heard of his aunt's death at the hands of the Huns he tried to join the Canadian army, but was refused on account of his youth and deficiency in weight. When the United States entered the war, he again offered himself, but was told he was too small. He was at last accepted as a signaller. He is eager to be transferred to the Flying Corps, so he can drop bombs on the Boches from the air, and so avenge his aunt's murder.

The first ambulance train built in England for the American army has been handed over to the American Expeditionary Force. It consists of 16 cars, cost \$200,000 and is designed to carry 393 patients. It is painted in glossy white enamel, with polished mahogany window frames and fittings. Water tanks built into the roof carry 2835 gallons, there is a heating apparatus in the floor, and a self-contained hot water circulator for use when it is detached from the engine.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

RED CROSS NOTES

BY CLARA D. NOYES, R.N.

The speaking tour of the Director of the Bureau of Nursing Service of National Headquarters, through the New England and Atlantic Divisions, was completed with a meeting at Englewood, New Jersey, on February 2. The tour was extended to include Chicago, Milwaukee and Rockford, Illinois, and although many requests had been received to visit other cities in the Lake and Central Districts, the itinerary had been planned for the Atlantic Division and it did not seem wise to disarrange it.

The itinerary published in the last JOURNAL was modified, not only to include Chicago on the night of January 23, but also Milwaukee on the 24th, where one meeting was held in the afternoon at the Nurses' Club and another in the evening in a public hall; Rockford, Ill., January 25, evening; Camp Grant, Rockford, the morning of the 26th, where an opportunity was made for the Director to speak to the reserve nurses at luncheon. On January 28, 29 and 30, evening meetings were held in Buffalo, Rochester and Syracuse. The meeting scheduled for Binghamton on the 31st was cancelled, but additional meetings were planned for Poughkeepsie, February 1; and Englewood, N. J., February 2. The New York City League arranged a special meeting for the senior classes of the Training Schools, February 5, at which the Director was invited to speak.

This tour included thirty-one cities, in several of which two meetings were held, and in all these places there were conferences with the committees. Three Army Base Hospitals,—Camp Devens at Ayer, Mass., Camp Grant at Rockford, Ill., and Camp Merritt at Tenafly, N. J.—were visited. The nursing personnel of Navy Base Hospitals No. 2 and No. 3, Army Base Hospitals No. 1, No. 3, No. 24 and No. 30, Hospital Units A, K, S, P, O, and H, a unit of 100 nurses assigned to the British Expeditionary Force, as well as a number of special Red Cross units for Public Health work, also a group assigned to Military Hospital No. 1, formerly the American Ambulance, were seen in New York City and given a parting word of appreciation and encouragement.

The meetings held in the different cities have been very gratifying; large audiences including graduate nurses, pupils in uniforms or carrying banners, hospital and training school boards, Chapter members, high school students, have filled the halls. Great enthusiasm has prevailed. Important, however, as these meetings have been to arouse enthusiasm and interest, it is felt that the "follow-up" work is far more valuable, and plans have been made by the Division Directors and Committees to perpetuate the work by the appointment of nurses as recruiting officers in schools of nursing, registries, clubs, by the circularizing of alumnae associations with interesting facts, by the use of posters in all places where nurses congregate, by public speaking, patriotic meetings, and the utilizing of suggestions secured from Army recruiting, that would be consistent with nursing ethics.

The Red Cross Nursing Committees have invariably manifested great interest, have entered into the spirit of the meetings with great enthusiasm, and have extended every courtesy to the Director of the Bureau of Nursing Service, for which she is deeply grateful.

At the State Board Examinations held in different cities in the state of New York in January, Red Cross application blanks were given out in large numbers and many new enrollments were reported.

Emphasis is being placed upon the enrollment of members of senior classes, as soon as they complete their course of training. Should 50 per cent of those graduating this year enter the service, approximately 7000 nurses would be available for immediate military service. This would leave an adequate supply for civilian needs.

Mrs. Nicholas Brady has renovated and furnished the Old Colony Club building, 120 Madison Avenue, New York City, as a Red Cross mobilization center for Army nurses. She has also generously assumed the expense of conducting the house (food excepted). Weekly entertainments and lessons in French are provided. A work room in the building has been opened where nurses may make dressings.

Misses Anna C. Maxwell and Mary M. Brown have established the pleasant custom of giving each unit of nurses arriving in New York an afternoon tea at the Cosmopolitan Club, and Miss Brown, with her characteristic thought, presents each nurse with flowers. The nurses not only enjoy these events socially but, coming as they do from all parts of the United States, they appreciate meeting the women who have been conspicuous in nursing affairs for many years, hearing them speak, as occasionally they do, and exchanging a few parting words with their professional friends and confreres.

Since the last report on the status of Army base hospitals the following have been assigned to duty:

No. 3, Mt. Sinai (New York City), Amy Trench, chief nurse; 34, Protestant Episcopal Hospital (Philadelphia), Catherine Brown, chief nurse.

Papers of the personnel of the following base hospitals have been sent to the office of the Surgeon General:

No. 1, Bellevue Hospital (New York City), Beatrice Bamber, chief nurse. 20, University of Pennsylvania Hospital (Philadelphia), Edith B. Irwin, chief nurse. 24, Tulane Hospital (New Orleans), Ethel Holmes, chief nurse. 26, University of Minnesota Hospital (Minneapolis), Anna Gosman, chief nurse. 30, University of California Hospital (San Francisco), Amelia S. Crane, chief nurse. 33, Albany Hospital (Albany), Mattie Washburn, chief nurse.

In addition to hospital units already reported, Base Hospital 116, consisting of 100 nurses, with a chief nurse from the Army Nurse Corps, has been organized for the Army. A special group of nurses has been selected for the British Expeditionary Forces, the entire unit consisting of 100 nurses.

The papers of the nursing personnel of the seven Naval Station Hospital Units reported in the November number of the JOURNAL, have been sent to the office of the Surgeon General. The term Chief Nurse was incorrectly used at that time. The title Head Nurse should have been substituted.

From the Navy detachments around various training schools, local committees, etc., 283 nurses had been assigned to duty up to February 1st to the Naval hospitals already established in this country. In addition to these, 24 were assigned for February. The papers of 87 are still in the office of the Surgeon General of the Navy pending assignment.

Owing to the need of large numbers of nurses for cantonment hospitals, small groups varying in size from five to ten have been detached from the base hospitals and hospital units not in service, for temporary duty in the cantonment hospitals. It is the intention that these groups rejoin their respective units when ordered into service.

The entire personnel of the following hospital units have been assigned to duty, representing 294 nurses: A, B, C, D, F, G, H, K, L, O, P, Q, R, and S.

A Red Cross Unit with Edith Madeira as Head Nurse, to consist of ten nurses, is being organized for special service in relief work in Palestine. The group will be attached to a special Relief Commission of some forty or fifty members, and the route will be via Cape Town and Ceylon to Port Said, and probably Jerusalem. A large shipment of general supplies will probably accompany the party.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

A REVOLUTIONARY AGE

Odd things are happening in the affairs of nurses abroad as well as at home. Surely the bacillus of revolution is affecting us as well as some bigger people.

What a curious sight it must have been to see, on Oxford Street, that thronged thoroughfare in London, nurses gravely and sedately pacing the curbstones with sandwich boards hung upon them, on which boards were inscribed a protest against the attempt of society women to collect a charitable fund for nurses, and the plain declaration, "Professional Women do not Want Charity." Sandwich boards borne to carry a protest were a common sight in London in the days of Militant Woman Suffrage. In this country they have seldom been used in such ways, and this recent event is the first instance on record of nurses resorting to this spectacular but extremely effective method of making public protest.

The English nurses have been unable to get their point of view as to this humiliating exploitation, against their will, into the press, and so they bravely took a leaf from the Suffragettes and formed a sandwich board parade. It took courage to do so, as we know by experience, and it is a strange side-light one gets on the vexatious meddling and interference with their legitimate affairs that our British sisters are subjected to!

Another odd happening is that the Hon. Albinia Brodrick, bless her Irish heart! has had the adventure of being arrested, taken to jail, and kept there for two days for refusing to carry out some English law relating to the state insurance or pension for servants. She was threatened with a long incarceration and a goodly fine, but was released at the end of two days, the whole thing evidently having been quite illegal. We do not understand the exact significance of the episode but feel certain it had something to do with the cause of Irish independence.

Our dear Madame Mannerheim is in the midst of the agitating scenes in Finland and we are reminded of her afresh in reading the name of General Mannerheim as in charge of the White forces against the Red. Earnestly do we hope that Finland will soon be free from all complications of Russia. Finland's civilization is high and fine and is already an example for others to follow. Her ideal is complete independence. May it soon be fulfilled.

Oh that news might come that German women are rising against a military caste! Perhaps it will, soon.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

RED CROSS CIVILIAN RELIEF.—The Visiting Nurse Association of Chicago was asked last summer to take care of sick people in the families of enlisted men, by the Civilian Relief Committee of the American Red Cross. So many inquiries regarding this Visiting Nurse service have been received by the Chicago Association that the following letter to a superintendent of a similar association in another city may be of interest. The letter has been read and approved by Marquis Eaton, Director of the Chicago Red Cross Chapter, and Mrs. Katherine Briggs, supervisor of the Home Service Section of the Department of Civilian Relief and formerly with the United Charities of Chicago.

We are making visits in the families of enlisted men for the Civilian Relief Committee of the American Red Cross, at the rate of 50 cents a visit. Some of these cases are referred to us by the Red Cross, others we find ourselves, but as our local Chapter wants it very distinctly understood that the immediate kindred of enlisted men are not recipients of charity, it asked that we make these visits at its expense. Thus far the patients have been comparatively few, in spite of the large number of men who have gone from Chicago. Many of these we would make ordinarily, but as the committee has made this request of us, we send in a monthly statement, just as we do to the Metropolitan and to other corporations.

In addition, we no longer ask for free medical service of physicians, dispensaries or hospitals, but report the patient needing such service to the Medical Department of the Civilian Relief Committee, which makes arrangements for hospital care or sends out a physician.

The enclosed slip shows what information the committee desires. At first more items were required but we both discovered that our records were simply duplications, and were able to reduce the written reports very considerably. We mail one of these slips to the Red Cross in each case, whether or not the family needs medical or material relief. If the case is an emergency, we telephone promptly, mailing the slip later. We have also had prescriptions filled out and once have put in emergency relief. Each time the Civilian Relief Committee refunded the cost to us.

As I understand it, the Red Cross is anxious that it should not be considered a charitable agency. It was organized to aid soldiers in time of war and it quite wisely feels that home aid for soldiers' kindred is as much one of its functions as aid behind the lines. In this way the Red Cross is giving the families something to which they are entitled by virtue of their kinship to the enlisted men, but not private or public relief, as we generally understand those terms. I think that you will find a number of other Visiting Nurse Associations doing the work as we are doing it.

The slip mentioned gives the following information: Surname; first names of father and mother; address; first name, age and color of patient; diagnosis; physician's name and address; date of first visit; how long ill; referred by; home conditions; "Is relief urgently needed? (Specify)"; remarks. This information is printed on a thin slip of paper, index card size. It is headed "Red Cross Medical Service," and on the last line is printed "V. N. A. 1st report to Medical Bureau, Chicago Chapter, American Red Cross." The nurses have been instructed to state on the slip if a Red Cross visitor is already on the case. If the case is found by the visiting nurse or is referred by an outside agency and proves to be in the family of an enlisted man, the slip is made out and mailed to the Red Cross through the main office. If the case is referred to the Association by the Red Cross, the slip is also made out, in order that the visiting nurse service to the family may be recorded in writing. As the cost of supplies has increased considerably during the past year and also because the salary schedule of the Association has been revised upwards twice, the cost per visit of 50 cents will doubtless be changed. The exact price has not been decided upon, but probably 55 cents per visit will be asked. The Chicago Chapter has made excellent arrangements with local medical men and is making arrangements for special Red Cross prescription blanks which local druggists have promised to honor at cost, sending a statement later to the Red Cross. Both medical and material relief are given very promptly. All social work in these families is being done by this division of the Red Cross, such as placing of children, if the mother is sent to the hospital for an operation, readjusting households, making dental arrangements, getting institutional care of any sort. The Visiting Nurse Association keeps closely in touch with the Red Cross Bureau and gives merely the nursing service or the instruction made necessary by the physical condition of the patient in the household.

A bill-posting agency has put these up free of charge on billboards throughout the city and small slips reproducing this poster have been distributed by the thousands in packages, from the department stores, laundries and other business houses.

PUBLICITY.—A good many of our philanthropic agencies are anticipating difficulties in raising their budgets for the year 1918. In Chicago this is being handled by a Publicity Campaign on the part of the Central Council of Social Agencies, an organization representing nearly all of the well-organized and well-known philanthropic agencies in the city. One publicity method has been large posters printed in attractive red and black type on a white background.

HOLD THE HOME LINES**Save the *babies*****Protect the *boys and girls*****Nurse the *sick*****Help the *poor and aged***

"This is a time of sacrifice, but not the sacrifice of the helpless."—Governor Lowden.

Contribute to**CHICAGO WELFARE AGENCIES****and help meet****WAR-TIME NEEDS****Approved by****Illinois State Council of Defense****Chicago Association of Commerce****Central Council of Social Agencies**

A series of meetings is being held twice a week at the Men's City Club, in which the various groups of work represented in the Central Council have presented their programs for the coming winter and stated their specific needs. The following groups have already been represented: Settlements, Correction and Legal and Reform Agencies, Children's Agencies and Institutions, Day Nurseries, Relief Agencies, Hospitals and Medical Agencies, Homes for Working Women and Girls, and Homes for the Aged.

The following program of the group representing Hospitals and Medical Agencies may be of special significance for public health nurses who are meeting some of the difficulties which a war year entails sooner than do large city agencies.

Some Home Medical Problems in War Time, Dr. James B. Herrick, president Board of Directors, The Central Free Dispensary; Tuberculosis and the War, James Minnick, superintendent Chicago Tuberculosis Institute; Home Nursing Problems in War Time, Edna L. Foley, superintendent Visiting Nurse Association; Need of Supporting Home Medical Charities in War Time, Lucius Teter, president Chicago Association of Commerce; Boards of Directors and Money Raising, Mrs. Arthur Aldis, president Visiting Nurse Association; Some General Conclusions, John E. Ransom, chairman of the meeting.

Doctor Herrick brought out the fact that dispensary treatment without good follow-up work failed to give the sort of care to patients who most needed it. He emphasized the significance of dispensaries as educational centers for doctors and for medical students and nurses, as well as places where patients are treated. He also spoke of the significance of a dispensary as a community center where class

work for different types and groups of patients could be carried out. The Central Free Dispensary, for instance, is doing some class work with a group of diabetic patients and has for some time conducted a successful baby welfare clinic where medical students are taught the care of well babies; and we all know that tuberculosis classes can be an adjunct of any well-conducted tuberculosis clinic.

Mr. Minnick, speaking of tuberculosis and the war, emphasized the fact that industrial training of both men and women has been carried on much more successfully and thoroughly in the sanatoria of Canada than in the United States, and that our returned soldiers, for whom such institutional treatment might be ordered, would be thoroughly unwilling to take the unbroken rest ordered unless more occupational diversion were worked into it. He also emphasized the need of teaching clinics for physicians on the Exemption Boards and physicians who are serving in our large cantonments. A very successful clinic of this type has just been conducted in Springfield, Illinois.

The other speakers on the program brought out the fact that we could hardly expect the soldiers in the trenches to carry on to the best advantage if our indifference allowed the home lines to be broken down, and every one of the topics presented was carefully elaborated. Of particular interest to all social workers was the assertion of Mrs. Arthur Aldis, speaking of boards of directors and money raising, that paid executives should not be obliged to raise the money which they are afterwards expected to spend, that the board of directors employing this executive should take this burden from his shoulders. This has always been true of the Visiting Nurse Association of Chicago, but the statement seemed to create some surprise, although it was received with unqualified approval by most of the members in the audience.

Various state councils of defense and other local agencies are frequently asked to consider the question of the care of home charities. A series of programs like this, well advertised, to which the entire public is invited, but to which, also, the workers and directors particularly engaged in the social work represented on the program are specifically invited, not only creates much interest, but it increases the number of volunteer workers and the subscription lists, both desirable consummations at this particular time.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVEL

SUBLINGUAL MEDICATION.—In an article in the *Medical Record*, Dr. Beverly Robinson emphatically recommends sublingual medication in cases of emergency where it is difficult or impossible to administer the drug hypodermically. A hypodermic tablet is powdered on paper with a pen knife and poured behind the front teeth, under the tongue. In a few moments it is completely dissolved and absorbed and the constitutional effect of the drug is immediate. If there is great pain it is almost magically relieved. In heart failure the circulation may be completely restored when hope is lost. It can be given thus when the patient is unconscious. The mucous membrane in this region is very thin and full of vessels, and rapid absorption is certain.

ADMINISTRATION OF QUININE.—A writer in the *Indian Medical Gazette* says that one five-grain fresh tablet of quinine sulphate taken every day at 5 p. m. will prevent an attack of malaria.

TREATING OF FEET AND AXILLAE.—The *Journal of the American Medical Association* says that excessive perspiration of the feet and the skin of the arm pits is frequently difficult to control satisfactorily. Besides keeping the parts properly bathed and cool, attention should be given to the clothing and shoes. Rubber soled shoes are objectionable and impenetrable dress shields should be discarded. A recent efficient remedy is a 25-per cent solution of aluminum chloride in distilled water, dabbed gently on the part every second or third day and allowed to dry. Three applications are usually sufficient. If the condition recurs, the treatment may be repeated. In some cases it may cause a mild dermatitis, perhaps with itching. Protect from scratching and apply cold cream containing 12 per cent of boric acid, or a calamine lotion. Pure glycerine rubbed on the feet sometimes stops offensive sweating. A 2 per cent solution of the official liquor formaldehyde to the axillae and 5 per cent to the feet is useful. Five parts in 1000 of potassium permanganate is recommended as a wash for the feet.

TO FIGHT PNEUMONIA.—The *Bulletin* of the Maryland Health Department announces that lobar pneumonia being a communicable disease, means to control it will be enforced; a modified form of the restrictions applicable to diphtheria, scarlet fever, etc., will be used. Race is a factor in the death rate of pneumonia. It is low amongst Germans, Russians and Hungarians in New York City and particularly high amongst Italian children, three and a half times that of the

offspring of German mothers and double that of children of American mothers. The Irish and negro races seem peculiarly susceptible.

OILED GAUZE FOR DRESSINGS.—A French medical journal states that oiled tulle is preferable to ordinary gauze as a dressing for wounds, as it does not stick to them. It is impregnated with a mixture of two parts of petrolatum to two parts of castor oil and one part yellow wax. A little Peruvian balsam gives a pleasant odor, but is not otherwise necessary.

VALUE OF FACE MASKS IN CONTAGIOUS DISEASE.—A writer in the *Journal of the American Medical Association* relates the experience of a hospital in which patients with a variety of contagious diseases were cared for, in the use of face masks. These were worn by physicians and nurses and consisted of a double thickness of gauze, so shaped as to fit closely over the face from the chin well over the nose, and held in place by two tapes tied behind the head. A mask is never worn a second time until sterilized and washed, and is changed when evidently contaminated or when it becomes moist. The attacks of rhinitis, pharyngitis and tonsillitis that were relatively frequent before the masks were used, have almost disappeared. They were also used with success in caring for fourteen epidemic meningitis patients. They seem to be especially efficacious in preventing infection in diphtheria and scarlet fever.

ANESTHETISTS NEED NOT BE PHYSICIANS.—The attorney general of Wisconsin has given it as his opinion that "The giving of an anesthetic under the direction of a physician does not require the anesthetist to hold a medical license, and this practice is therefore not to be considered as a violation of the statute."

IODINE IN PHTHISIS.—The *Medical Press* in commenting upon investigations made at the Rockefeller Institute says that the tubercle bacilli contain a substance of the nature of a lipid, that is which cannot be dissolved in water, to which is attributed the lack of autolysis, or self-destruction of the tubercular germ. Iodine counteracts this lipid element and increases phagocytosis, implying the destruction of the germ. The author concludes that these observations justify the treatment of phthisis by the intravenous injection of iodoform dissolved in ether, which he claims to have employed with unvarying success for six years.

THE HALIFAX DISASTER.—One of the most painful aspects of the terrible disaster at Halifax is the large number of persons wholly or partially blinded by broken glass. Nearly every pane in the city was splintered by the force of the explosion and as many persons, startled by the first explosion, were looking out of the windows, they received

the full force of the impact. The number thus injured has been variously estimated and is probably in the neighborhood of 400.

PASTEURIZED MILK IN RELATION TO SCURVY.—A writer in the *Medical Record* believes that pasteurization, properly performed, does not destroy the enzymes of the vitamins to any appreciable extent. When scorbutic conditions develop they are probably due to other causes than the food. A boiling heat does not destroy the vitamin principle, or nutritive element, in other alimentary substances. Orange juice is of value as an anti-scorbutic food. Milk modified by barley or oatmeal gruel before the heating of the milk is recommended as of digestive advantage.

HOSPITALS ON ITALIAN WAR FRONTS.—The foreign letter of the *Journal of the American Medical Association* contains an interesting account of some of the Italian hospitals at the front. One was 30 or 40 feet underground, at a point at which during the time of the visit a battle was raging. There were good operating rooms supplied with artificial ventilation and modern hospital furniture. Another was in the Dolomites, at an elevation of 6000 feet; it had a capacity of 30 beds. The two sides and back wall were of stone, and the mountain range at this point was so narrow that through a hole bored in the back wall of the hospital it was possible to look into the Austrian trenches on the other side of the mountain. The wounded who were able to travel after receiving emergency treatment were sent to the rail head by the marvelous teleferica, or overhead wire railways, which often go from mountain top to mountain top, over chasms thousands of feet deep. They also have mobile hospitals of 100-bed capacity, which can be taken down, transferred 75 miles, set up again, and put in service within 24 hours, the entire equipment being transported on five motor trucks and three touring cars.

RED HAIR.—The *Medical Record* in an article on this subject says it has been stated by an Edinburgh physician that red-haired people are less liable by far to insanity than are other human beings. Sir W. Arbuthnot Lane also holds that persons with red hair are much more resistant to disease than the generality of people and that a disease becomes less virulent in type when it gains entrance into the body of a red-haired person than when it attacks a person with hair of a more modest color. Perhaps those with red hair are more generally distinguished, as a rule, by physical vigor than by the possession of exceptional mental powers. Still, the poet Swinburne was blessed with a cranial covering of this particular color.

LETTERS TO THE EDITOR

Note: The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

RED CROSS WORK IN HIGH SCHOOLS

Dear Editor: For some time I have been watching your columns for an account of Red Cross work in high schools, but so far have been unable to find an outline of the same. Perhaps our plan might prove interesting to public health nurses who may be called upon to place the course of instruction. In our high school of nearly four hundred the girls are required to take at least one year of Domestic Science and Art in order to graduate. This year, the two courses outlined by the American Red Cross: Hygiene and Home Nursing, and Dietetics, have been included in our curriculum among the elective studies. We have fifteen in the class, meeting once a week for each subject, taking two recitation periods to each lesson. The Dietetics is taught by the Domestic Science instructor, who has enrolled in the Red Cross, while I teach the Hygiene and Home Nursing. These courses cover one semester and the girls who secure a passing grade are allowed one credit for the semester's work. The members of the class are enrolled at Washington and we use the examination questions sent us by the committee at Washington. This work has been taught in some of the colleges, but I feel there is a great advantage in including it in the high school, as it will undoubtedly be the means of interesting a great many girls in hospital work and will be of great value to the students selecting college work previous to entering a training school. As a war measure, I feel the material is very valuable as an educational factor for high school students. The Home Nursing, Dietetics, and First Aid, for the girls, and First Aid for the boys, would serve as a fortification against the conditions we find in regular school work, when making physical examinations, due to the ignorance of parents. Educators are slowly beginning to realize that the impaired physical condition of a child affects his school work and we must teach parents of the future the need of having physical defects remedied early in life. With our country at war, it is nothing short of criminal negligence for us to allow our boys and girls to grow up without a knowledge of the treatment one should receive following a minor accident or during a minor illness. I wish nurses familiar with this work in high school might give an account of the way they are handling their course of instruction.

Massachusetts

SCHOOL NURSE.

LETTERS FROM RED CROSS NURSES

I.

Dear Editor: We have been having extremely cold weather, registering from 14 to 20 degrees below zero and from 32 to 40 degrees in the wards during the warmest part of the day. Our water pipes have all frozen and for three days we had no water, except that which could be carried from a distance of a quarter mile. This would seem insignificant for a small family, but for an institution of this size, one feels the effect most intensely. As you probably know, our huts are only summer buildings and there is scarcely a room where the outside cannot be seen through many cracks in the walls. In the nurses' quarters we have provided oil stoves and in the mess hall we have two coal stoves. During this cold spell, we have been obliged to close the living room, owing to the scarcity of fuel. Fortunately we have been able to obtain a small amount of extra oil,

which we will now use and thus save our coal for the cook stove. I think I wrote that the British Government provided our messing, and any rations not drawn are paid to us in cash. Each nurse is allowed three shillings per day for food rations. For each ration drawn from the government, we pay 1 s. 6 d. per day and the balance is also paid us in cash. With this money we are able to buy such things as milk, butter for a limited amount of meals, eggs, vegetables, coffee, and some occasional things which we otherwise would not have provided. As we are quite a distance from the city, there are very few firms that will deliver, and we are now facing a problem caused by our not being able to utilize an ambulance when returning from business trips to the city. We have been able to provide a very good mess. All responsibility of the quarters, including provisions, paying of allowances, the payment of bills, laundry, and the general upkeep, is left to the Chief Nurse. We had a very satisfactory Christmas, although our boxes from the American Red Cross and Cleveland did not reach us. The nurses put their undivided interest into plans for the pleasure of the patients. They contributed toward a fund, and with the assistance of the doctors, we had ample means to provide articles with which to fill a stocking for each patient and also to offer them a tea in the afternoon, with special food, which they enjoyed immensely. On Christmas Eve, we had a chorus of about one hundred voices, accompanied by two violins and a portable organ, and we sang throughout the wards from 8 to 11.30. We had copies of the songs mimeographed and in each ward the patients joined in the chorus. On Christmas night, members of the command contributed numbers in a concert which was very good. It might interest you to know that at noon on Christmas Day, the main water pipe burst and not one particle of water was to be found on the grounds for our tea. We had invited all members of the personnel, who were assigned to the different wards, where the head nurses had arranged an attractive tea table. I will not attempt to tell you how we solved this difficulty, other than to state that everyone had tea. Fuel that day was very scarce, and the temperature was very low. The determination of the Americans, however, overcame all obstacles, and it was one of the most satisfactory festivities I have ever experienced, and probably the best for many of the command. The coal, such as we get, is issued through the British Government. The hours of duty for the nurses in ordinary times is from 7.30 in the morning to 7.30 at night, with three hours off. Each nurse is given a half day a week, when conditions of the hospital permit.

France

G. E. A.

II.

Dear Editor: May I hope we nurses may not be weighed in the balance and found wanting? Every able-bodied nurse ought to be enrolled in the service. I don't see how any patriotic nurse can keep out. Be a Liberty Girl. Keep the Red Cross banner flying, follow the standard with a right good will. A mother gives her son, why not her daughter? Say, "I'll go where you want me to go, I'll serve where you want me to serve, for the independence of the world."

Post Hospital, U. S. A.

J. K.

III.

Dear Editor: We shall never forget our railroad trip in France. Tell Miss H. if the weather is at all cold, to at least carry their steamer rugs with them, also their mess outfits. We had ours carefully packed in the luggage car ahead, and we really suffered from lack of both. The train we were in was not heated at all and we were on it for two nights. However, at our journey's end we were rewarded, for we are located in one of the beauty spots of France. We can

scarcely wait for the springtime to come. The nurses are now settled in their final quarters, consisting of three French villas. Here again we have surpassed our wildest expectations. We hardly know there is war except for a few minor details, such as a bath tub.

France

L. L. P.

IV.

Dear Editor: I am enjoying my work here, it is so different from anything one can think of. There are so many different cases, and some very sick patients. I am in the scarlet fever ward which is situated in a beautiful pine wood, the ideal spot of the hospital. We have fifty-five nurses from all over the country and thirty more coming. We have a great deal of fun, for when your neighbor goes to bed and opens her window, you are obliged to do likewise. I would not give up my experience, it will be something to look back upon.

U. S. A.

A. E. K.

V.

Dear Editor: I have been so occupied getting acquainted with my own surroundings, and adjusting myself to this mode of living, that I haven't written very many letters. We had a very pleasant voyage, the weather was ideal, the people interesting, all coming over to enter some branch of the service, and our own party very congenial. We landed at Bordeaux, spent the night there and went up to Paris the next day. We were in Paris about four weeks. Under present conditions it is necessary for everyone to remain in Paris fifteen days, and if you are going to the war zone, it may take longer to secure the necessary papers; that is the reason we were there so long. We tried to see as many places of interest as possible, for we did not know when we would have the opportunity again. My group of nurses was divided; I came here with three, five weeks ago today. The Red Cross, in cooperation with the French government, has this institution for refugee children. We have between five and six hundred whose homes were in the devastated districts, or in neighborhoods where it is necessary to wear gas masks, and the government decided it was not advisable for the children under eight years to be left in their homes under these conditions. This is an old walled city, and is wonderfully interesting with its crooked streets and narrow passages leading back to interesting-looking courtyards. There is an old cathedral here, some parts of which date back to the twelfth century. The Caserne is located on a hill outside the city, and was formerly used for barracks. I came up here to take charge of the nurses, and my first commission was to prepare one of the long, ugly buildings for a hospital. It looked discouraging five weeks ago, but today it is really attractive. We never could have done what we have if the Friends had not sent us five young men. The Friends are doing some of the best work that is being done in France. These boys are all college men, but they can do anything and everything, and do not hesitate to undertake the most menial labors. We are having an epidemic of measles just now; we have fifty patients today. There is very little acute illness. Most of the children have scabies, impetigo and heads, just the conditions we find in some branches of public health work at home. We are expecting to develop several traveling dispensaries which will go out to the neighboring towns and give necessary care to the women and children and bring back those who need hospital care. We are near the front and can hear the guns quite plainly. We are not very anxious to have clear, pleasant nights, because of the activity of the aeroplanes. One evening not long ago, the bombarding was only three miles away.

France

M. T. P.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

The twenty-first annual convention of the American Nurses' Association will be held in Cleveland, Ohio, May 7 through 11, 1918. Headquarters, The Hollenden. An important meeting of the Advisory Council will be held on Monday afternoon, May 6, which all state presidents are urged to attend. The convention programme will be published in the April JOURNAL. It is to be devoted as far as possible to topics related to the war emergency. All unnecessary expenses connected with the convention will be eliminated. There will be no badges, no formal entertainments, no advance programmes, but the papers and discussions promise to be of unusual interest.

HOTELS

The following hotels are recommended by the Committee of Arrangements, the rates quoted do not include meals:

| Name | Single room with bath | Double room with bath | Without bath |
|----------------------|-----------------------|-----------------------|---------------|
| The Hollenden | \$2.00 to \$5.00 | \$3.00 to \$ 6.00 | |
| Hotel Statler | 2.50 to 6.00 | 4.00 to 10.00 | |
| Hotel Olmstead | 1.50 to 3.00 | 3.00 to 4.00 | |
| Hotel Euclid | 2.50 and up | 3.50 and up | \$1.50 and up |
| Colonial Hotel | | | 2.00 and up |
| Hotel Winton | 2.50 to 5.00 | | 2.00 and up |

Some of these hotels have rooms at lesser rates with shower bath, only, or with toilet only, or for several in a room. The first three have no rooms without baths. Application should be made directly to the hotel management. Delegates wishing to secure boarding places, not in a hotel, should write to the chairman of the Committee of Arrangements, Alma C. Hogle, Huron Road Hospital, Cleveland.

THE ISABEL HAMPTON ROBB MEMORIAL FUND SCHOLARSHIPS

The scholarships granted from this Fund are for the benefit of nurses who wish to prepare themselves for executive and teaching positions in training schools or in the public health field or as dietitians and who cannot meet all the expense of such a course, unaided. The amount granted a successful candidate for a scholarship is intended to cover her expenses for tuition, fees and text books for one year of study. It does not include living expenses.

The places of study recommended by the committee in charge of the Fund are: In New York, The Department of Nursing and Health, Teachers College, Columbia University; in Boston, the Department of Public Health Nursing, Simmons College, with the School for Social Workers and Instructive District Nurse Association; in Chicago, the School of Civics and Philanthropy, with the Visiting Nurse Association and other agencies; in Cleveland, the School of Applied Social Sciences, Western Reserve University in cooperation with the Instructive Visiting Nurse Association and other agencies. If, however, there are nurses intending to take some of the public health courses being offered in other parts of the country, who need the help of a scholarship, they may indicate that, and their requests will be given consideration. No one should apply who is not a high school graduate or who cannot offer a satisfactory equivalent, who is not a member of the American Nurses' Association, or who is enrolled with the Red Cross for active service.

The McIsaac Loan Fund is now available for loans for educational purposes in sums of not more than \$100, at two per cent for five years.

Superintendents of nurses are asked to mention these Funds to the graduates of their schools and to their senior students. Circulars regarding the Funds are being sent to superintendents of training schools, to heads of registries, and to presidents of state associations and of state leagues. These are asked to distribute the information as widely as possible. The regular applications for Robb Scholarships will be considered by the Executive Committee after March 15th, 1918. Scattering applications received between March 15th and July 15th will be considered separately, but July 15th will be the last date on which they may be received for the winter of 1918-19. Requests for information or for application blanks should be sent to the secretary of the Robb Memorial Fund Committee, Katharine DeWitt, 45 South Union Street, Rochester, N. Y.

NURSES' RELIEF FUND, REPORT FOR JANUARY, 1918

Receipts

| | |
|--|------------|
| Previously acknowledged | \$2,373.65 |
| Interest on bonds | 106.25 |
| Interest, 2 certificates of stock | 60.00 |
| Interest on Liberty Loan Bonds | 53.73 |
| Passaic General Hospital Alumnae Association | 5.00 |
| Harriet I. Waterman, Terryville, Conn. | 1.00 |
| Nurses' Alumnae Association of Harrisburg Hospital, Pa. | 30.00 |
| Eliza C. Glenn, Chicago, Ill. | 5.00 |
| Agnes N. Lehman, Roselle Park, N. J. | 1.00 |
| Nellie Wallace, Philadelphia, Pa. | 2.00 |
| Through Mrs. Janette F. Peterson, chairman California State Relief Fund Committee: | |
| Alameda County—Lillian White, \$5, Alma I. Shaffer, \$1; San Diego County, Julia S. Chubbuck, \$3, Margaret A. Pepoon and T. C. Armstrong, \$1 each; Los Angeles County—Cora A. Mathis, \$5, Volice MacKnight, \$3, Grace Breitenstein, \$2, Julia E. Mullen, 50 cents, E. Adams and Mrs. L. Peterson, 25 cents each | 22.00 |
| Illinois Training School Alumnae Association, through Jessie Breeze... | 3.00 |
| New Jersey State Nurses' Association, in memory of Bertha J. Gardner. | 10.00 |
| Oklahoma Registered Nurses' Association | 5.00 |
| Genevieve Cooke, San Francisco, Cal. | 5.00 |
| Annal Winn, Tallahassee, Florida, Johns Hopkins Hospital Alumnae Association | 4.00 |
| M. I. Giltner, Atlanta, Ga. | 2.00 |
| Mabel R. Batten, Camden, N. J. | 4.00 |
| Janet Mackenzie, Rochester, N. Y. | 2.00 |

\$2,694.63*Disbursements*

| | |
|--|---------|
| Application approved, No. 1, 36th payment | \$ 5.00 |
| Application approved, No. 2, 25th payment | 5.00 |
| Application approved, No. 6, 21st payment | 15.00 |
| Application approved, No. 7, 15th payment | 15.00 |
| Application approved, No. 11, 12th payment | 15.00 |
| Application approved, No. 12, 13th payment | 10.00 |
| Application approved, No. 13, 1st payment | 15.00 |

\$ 2,614.63

| | |
|-------------------------------|-----------|
| 13 bonds, par value | 13,000.00 |
| 2 certificates of stock | 2,000.00 |
| 4 Liberty Loan Bonds | 4,000.00 |

\$21,614.63

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address Elizabeth E. Golding, Chairman, 132 East 45th Street, New York City.

NAVY NURSE CORPS

Appointments.—Shirley Baxter, Denver, Colo., Weason Memorial Hospital, Springfield, Mass.; Janie Bennett, Dr. Fletcher's Sanatorium, Indianapolis, Ind., Public Health Work, Ottawa, Can.; Leah L. Bowditch, Massachusetts General Hospital, Boston, Mass.; Marion E. Chase, New York, St. Barnabas Hospital, Portland, Me.; Caroline Dare Maskell, Methodist Episcopal Hospital, Philadelphia; Dorothy Pierce, Butterworth Hospital, Grand Rapids, Mich.; Helen A. Smith, Worcester City Hospital, Worcester, Mass.; Elizabeth Stuart Thompson, Lowell General Hospital, Lowell, Mass.; Grace A. Hayes, Everett, Mass., Rufus S. Frost General Hospital, Chelsea, Surgical Nurse, Lafayette Hospital, Chelsea.

Assignments.—Addra Webber to League Island, Pa.; Elizabeth S. Thompson to Chelsea, Mass.; Deborah E. Sheldrake, Edith V. Kiester to Annapolis, Md.; Esther LeC. James, Acting Chief Nurse, Kathryn C. Doering, Harriet Crawford to Cape May, N. J.; Mary C. Chawning to Chelsea, Mass.; Shirley Baxter to Mare Island, Cal.; Louise C. Ling to San Diego, Cal.; Marion E. Chase to New York; Dorothy W. Pierce to Norfolk, Va.; Leah L. Bowditch to Washington, D. C.; Caroline Dare Maskell to Norfolk, Va.; Elizabeth Steiner, Ella E. Hoppe to San Diego, Cal.; Helen A. Smith to Newport, R. I.; Janie Bennett to Norfolk, Va.; Mary R. Bertholdi to Mare Island, Cal.; Minnie C. Pipher, Mary Letitia Frissell to San Diego, Cal.; Grace Hayes to Newport, R. I.; Georgia M. Glass to Tutuila, Samoa.

Promotions.—Esther LeC. James, Acting Chief Nurse.

Resignations.—Adelaide Percy, Nell E. Pettus.

RESERVE NURSES, U. S. N.

Assignments.—St. Paul, Minn., Detachment, assigned to Naval Hospital, Norfolk, Va., Juanita De La Hunt. Station Unit No. 4, assigned to Norfolk: Nora A. Corbett, Mary M. Gibbons, Jane Magdalen Glynn, Helen F. Grady (organizing nurse), Almira Agnes McCormick, Alice T. Murphy, Mona Murphy. Base Hospital No. 5, assigned to Naval Hospital, New York: Margaret Helena Haggerty, the following members of Station Unit No. 7, of Toledo, Ohio, Daisy M. Mapes (organizing nurse), Mrs. Letha Call, Ruth F. Felt, Kathryn Pearl Fogt, Lettie Margaret Haight, Myrtle Naomi Kinsey, Edna S. Bower, Ethel L. Shanabarger, Lena Mae Smith, Eunice V. Davis, Hazel G. Herringshaw, Bertha A. Adams, Clara Klinsick. The following members of the Mounds Park Sanitarium Detachment, St. Paul, Minn., Amelia G. Moen (organizing nurse), assigned to Naval Hospital, Great Lakes, Ill.: Esther E. Thornquist, Mabel S. Nelson, Florence F. Hegberg, Anna Bergsten, Olga Pauline Edholm, Eunice V. Ohlsen, Mabel V. Englbloom. Station Unit No. 2, Philadelphia, assigned to Naval Hospital, League Island, Pa., Jane F. O'Neill, Beatrice E. Madden. The following members of the Carney Hospital Navy Detachment, South Boston, Mass., Mary B. Gainey, Head Nurse, Mary E. McKeown, Helen G. Croston, assigned to

Naval Hospital, Philadelphia, unattached, E. Beatrice Hinds. Station Unit No. 3, Montclair, N. J., Florence Kerr, assigned to Naval Hospital, Pelham Bay Park, N. Y. Station Unit No. 5, Columbus, Ohio, Helen B. Bliss, assigned to Naval Hospital Operating Base, Hampton Roads, Va.

NURSES U. S. N. R. F.

Assignments.—St. Luke's, San Francisco, Cal., Detachment: Henrietta Alexander to Naval Training Camp, San Diego, Cal.; Louise Hall Naylor, Marion Pearl Turner to Mare Island, Cal. Unattached nurses, Reserve Force: Mildred K. Bascom, Isabelle M. Baumhoff to Norfolk, Va.; Alcinda V. Johnson to Great Lakes, Ill. Newton Lower Falls Detachment: Edith F. Brooks, Mary Elizabeth Coveney, Elizabeth H. Dwyer, Edith P. Smith, Mary Anna Waltman, Margaret H. Ward to Norfolk, Va. German Hospital, Brooklyn, N. Y.: Ida M. Engelhard to Annapolis, Md., Bertha A. Wood to Cape May, N. J. Unattached: Catherine C. Fingleton, Emma Jane Folmsbee to Chelsea, Mass. Providence Hospital, Washington, D. C. Detachment: Frances Doyle to Washington, D. C. Local Committee, Chicago, Ill. Detachment: Mabel G. Harlow, Margaret Mahoney to Great Lakes, Ill. Georgetown Hospital, Washington, D. C. Detachment: Lydia J. Hennessy to Washington, D. C. Chicago, Ill., Detachment: Elizabeth M. Juttner to Great Lakes, Ill. John Sealy, Texas Detachment: Daisy E. Krebs, Allie Simmons, Jessie David Watts to Pensacola, Fla. New York City Detachment: Lillian May Kline to Cape May, N. J.; Mary Swanson to Charleston, S. C. St. Luke's, New Bedford, Mass. Detachment: Katherine Sophia O'Leary to Newport, R. I. Julia Reed, Boston, Mass. Detachment: M. Alice Roach to Chelsea, Mass. To Naval Hospital, Charleston, S. C.: May T. Bryers, Elsie M. Hallett, I. Grace Kline, Winifred Dollar. To Naval Hospital, Cape May, N. J.: Bessie C. Graham. To Naval Hospital, Annapolis, Md.: Rose P. Carroll, Anna C. Lofving, Sadie A. Mahoney, Frieda Hoffman, Frances V. Kelly, Ruth Marie Treadwell, Lillian M. Weltach, Mildred Williams. To Naval Training Camp, San Diego, Cal.: Emma Isaacs, Eleanor Kilani Wilcox. To Naval Dispensary, Washington, D. C.: Lily Kanely. To Base Hospital No. 2: Sara C. Johnson. To Base Hospital No. 3: Lillian R. Cornelius.

Disenrolled.—Anna I. Tomasovsky, Katherine I. Majo, Mildred Augusta Crane, May Florence Kelsey, Laura E. McKinnon, Elizabeth Wooten.

LENAH S. HIGBEE, R.N.,
Superintendent, Navy Nurse Corps.

ARMY NURSE CORPS

Appointments.—Blossom M. Whiteman, Christine M. Nuno, Helen F. Kenworthy, assigned to duty at U. S. Army Base Hospital, Camp Meade, Admiral, Md. Lou Luhrman, Monica E. Waldhelm, Emily Gibson, Eleanor Conney, assigned to duty at U. S. Army Base Hospital, Camp Lewis, American Lake, Wash. Rose K. Conley, assigned to duty at U. S. Army Base Hospital, Camp McClellan, Anniston, Ala. Nellie F. Ambrose, assigned to duty at U. S. Army Base Hospital, Camp Gordon, Chamblee, Ga. Mary M. Murphy, Mary L. Queenan, Anne G. Slater, Laura F. Carney, assigned to duty at U. S. Army Base Hospital, Camp Devens, Ayer, Mass. Helen Haley, Ruth H. Gustafson, Lillian M. Schweitzer, Grace M. Loneragan, Nona G. Benson, assigned to duty at U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich. Geneva R. Drosta, assigned to duty at U. S. Army General Hospital, Fort Bayard, New Mexico. Anna M. Gerdes, assigned to duty at U. S. Army Base Hospital, No. 3, Brownsville, Tex. Bertha O. Chapin, Nona G. Tracy, Jennie M. Jason, Katherine F. Porter, Katherine A.

Sealock, assigned to duty at U. S. Army Base Hospital, Camp Jackson, Columbia, S. C. Violet S. Pruett, Eleanor C. West, Mary I. Oldham, Edith M. Core, Gladys B. Reynolds, Florence C. Daley, Kathryn M. Noonan, Mary E. Smith, P. Blanche Porter, Nannie H. Blackmore, Jean H. Norris, Loretta E. McGuire, Margaretta B. Teevans, Anne Williamson, Anna P. Dillon, Emily V. Norvell, Lula B. Richards, Lydia E. Hammer, Anna E. McGuire, Amelia J. Valentine, Ethel C. Matlick, Mary V. Ennis, Mary Agnes Gohery, Carrie Mitchell, Elizabeth E. Payne, Bessie Repton, Lylian K. Blank, Edith Walker, Mary E. White, Stella B. Bartlett, Grace G. Fotheringham, assigned to duty at Walter Reed General Hospital, Takoma Park, D. C. Della R. Hamilton, Grace Wentworth, Mathilda French, Hazel R. Ware, Glorina Lebens, Mary R. Murray, Mary Lue Huff, Mary M. Swift, Anna L. Collins, Bessie Godwin, assigned to duty at U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex. Margaret R. Farrell, assigned to duty at U. S. Army Base Hospital, Fort Oglethorpe, Ga. Vera M. Millard, Elizabeth M. Deveney, Ellen M. Caulfield, Elizabeth H. Carruth, Beulah R. Engle, Mary T. Manchester, Marion C. Fibisch, assigned to duty at U. S. Army Base Hospital, Camp Upton, Yaphank, Long Island, N. Y. Marie Haer, Sarah Jane Gilroy, Alicia A. Cassidy, Ethel M. Proud, Mary E. Bransfield, Lucy V. Thompson, Annie M. Halligan, Kathleen McGinnity, Catherine E. Bass, Lillian E. Frost, Attie M. Johnson, assigned to duty at U. S. Army Base Hospital, Camp Lee, Petersburg, Va. Catherine A. Hayes, Mary Shumaker, Mary J. MacDougall, assigned to duty at U. S. Army Base Hospital, Camp Travis, Fort Sam Houston, Tex. Elizabeth C. Hrudka, Ray H. Huffman, Daisy P. Jones, Bessie I. Kellogg, Ida L. Klaber, assigned to duty at Letterman General Hospital, San Francisco, Cal. Estelle Frasier, Eva E. MacLeod, Alice C. Allen, Ethel R. Boyd, Gertrude Goldman, Georgina Nix, Jennie C. Bleckley, Catherine Alexander, Elsie L. Shoemaker, Julia E. Clark, Mina K. Strickland, Annie T. Powell, Edna E. Watrous, Florence T. Ronan, assigned to duty at U. S. Army Base Hospital, Camp Merritt, N. J. Lucie Zurcher, Mary E. Rayner, Elsie Schwaeble, Rosilla M. Tolles, Rose A. Thibode, Agnes E. Muldoon, Clara J. Wellenback, Virginia Wyant, Raynie P. Stebbins, Lucile Weaver, Mary A. Conner, Barbara J. Rich, Evalena Gracia, Maude E. Carpenter, assigned to duty at U. S. Army Base Hospital, Camp Logan, Houston, Tex. Sarah B. Nyswonger, Mary F. Slegal, Edna M. Crandell, Blanche O. Palmer, Johanna Eggers, Adelle L. Clay, assigned to duty at U. S. Army Base Hospital, Camp Doniphan, Fort Sill, Okla. Emma Gruel, Georgia S. DeWitt, Lucy R. Curran, Lydia C. Schieber, Evelyn Edwards, assigned to duty at U. S. Army Base Hospital, Camp Cody, Deming, N. Mex. Mary E. Tierney, Amelia Beltrame, Helena B. Mayer, Margaret Coffman, Helen Zeller, Mary A. Pineau, Florence W. Arroll, Gertrude A. Holden, Frances E. Ward, Kathrine M. Glasbrener, assigned to duty at U. S. Army Base Hospital, Camp Joseph E. Johnston, Jacksonville, Fla. Katherine C. Hannan, assigned to duty at U. S. Army General Hospital No. 6, Fort McPherson, Ga. Eudora C. Sykes, Anna M. Black, Agnes L. Dase, assigned to duty at U. S. Army Base Hospital, Camp Grant, Rockford, Ill. Mathilda B. Duvall, Willie P. Harris, Marie Kirby, Bernadine Scott, Johanna Costello, Margaret K. MacFarlane, assigned to duty at U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J. Doris C. Siler, Marie J. Hamill, Mary L. Reeves, Clara Lawson, Pauline Briant, assigned to duty at U. S. Army Base Hospital, Camp Sevier, Greenville, S. C. Julia De Nave, assigned to duty at U. S. Army Base Hospital No. 5, Nogales, Ariz. Ruth C. Douglass, Alice Swanson, Ruth Lightner, Ruby E. Boothe, Ada White, Eula L. McCarthy, Irene M. Marcoux, assigned to duty at U. S. Army Base Hospital, Camp Pike, Little Rock, Ark. Louise Preusser, Edith

A. Hollindale, assigned to duty at U. S. Army General Hospital No. 1, New York, N. Y. Anne M. Siorah, Margaret C. Reno, Marie F. Gates, assigned to duty at U. S. Army Base Hospital, Fort Riley, Kan. Mary R. Lau, Nelda B. Manbeck, Anne M. Brogan, assigned to duty at Post Hospital, Jefferson Barracks, Mo. Mildred Van Amburg, Anna B. Linn, Celena A. M. Finnegan, Christine L. Brown, Ethel M. Coles, assigned to duty at U. S. Army General Hospital No. 2, Fort McHenry, Md. Ethel Hegsted, Elizabeth S. Hunt, Alice Jennings, Elizabeth M. Carlon, Addie E. Paulding, Mary E. Ray, Maude A. Reilly, Marion A. Rankin, assigned to duty at U. S. Army General Hospital, Lakewood, N. J. Vivian Wiebking, assigned to duty at Camp Hospital, Douglas, Ariz. Lucy V. Marsh, Mary A. Flanigan, Manty A. Kennedy, assigned to duty at U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss. Anna M. Reid, Irene E. Koop, assigned to duty at U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal. Mrs. Anna L. Dickinson, Edna Swanson, Marguerite Cannon, assigned to duty at U. S. Army Base Hospital, Camp Stuart, Newport News, Va. Sarah H. Croskery, assigned to duty at Aviation Concentration Camp, State Fair Grounds, Dallas, Tex.

Transfers.—To U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex.: Mrs. Mary P. Kelly. To U. S. Army Base Hospital No. 3, Brownville, Tex.: Mary P. Young, with assignment to duty as Chief Nurse. To U. S. Army General Hospital, Lakewood, N. J.: Elizabeth D. Reid, with assignment to duty as Chief Nurse, Mildred P. Carter, Margaret M. Fitzgerald. To U. S. Army Post Hospital, Jefferson Barracks, Mo.: Mina S. Keenan, with assignment to duty as Chief Nurse, Leila I. Given. To U. S. Army Base Hospital, Camp Stuart, Newport News, Va.: Mary R. McHarry, with assignment to duty as Chief Nurse. To U. S. Army Base Hospital, Camp Logan, Houston, Tex.: Maude Parsons, with assignment to duty as Chief Nurse, Elaine Brown. To Talliferro Field No. 1, Fort Worth, Tex.: Eva M. Sadler, with assignment to duty as Chief Nurse, Grace D. Baird, Irene M. Fischer, Margery C. Manning, M. Bertha Teevans, Ethel C. Singleton, Violet S. Pruett. To Department Hospital, Manila, P. I.: Clara L. Bemis, Cora V. Hicks, Elizabeth Tack, Katherine C. Kooyan. To U. S. Army Base Hospital, Camp Meade, Admiral, Md.: Camilla G. Boothe, Laura B. Richards, Mildred C. Brown, Annie P. Dillon, Lena F. Bailey, Laura M. Ocame, Nonnie O. Griffith. To U. S. Army Base Hospital, Camp Cody, Deming, N. Mex.: Sibyl C. Runyon, Bessie L. Smith, Stella R. Olson. To U. S. Army Base Hospital, Camp MacArthur, Waco, Tex.: Della R. Hamilton. To Aviation Concentration Camp, State Fair Grounds, Dallas, Tex.: Jenny L. Row, with assignment to duty as Chief Nurse. To Department Hospital, Honolulu, H. T.: Lola Williams. To U. S. Army General Hospital No. 2, Fort McHenry, Md.: Anne Williamson, with assignment to duty as Chief Nurse. To U. S. Army Post Hospital, Fort Sill, Okla.: Mabel L. Morgan, with assignment to duty as Chief Nurse. To U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal.: Bessie L. Kellogg.

Resignations.—Blanche C. Palmer, Isabelle Smith.

Discharges.—Alice A. Cassidy, Mabel Sessions, Blossom M. Whiteman.

RESERVE NURSES—ARMY NURSE CORPS

Assignments.—To U. S. Army Base Hospital, Camp Meade, Admiral, Md.: Jennie M. Latno, Mary K. Bonenblust, Margaret F. Blyler, Margaret H. Henderson, Lillian G. Nice, Elizabeth J. Harrington, Katherine Burns, Katie M. Wesley, Mary S. Shortaleeves, Effie M. Swank, Laura Rodgers, Annie E. Kennedy, Mrs. Ella M. Sehner. To U. S. Army Base Hospital, Camp Beauregard, Alexandria, La.: Christine K. Pfeiffer, Bertha V. Brown, Cora E. Foltz, Ruth Freeman, Fannie

A. Whitwell, Luella A. Soliday, Sarah A. Ginn, Irene M. Corbett, Nell Mithen, Alma O. Magee, Ella Huey, Rozene Wentz, Martha E. Moorhead, Phellie K. Hughes. To U. S. Army Base Hospital, Camp Lewis, American Lake, Wash.: Emma P. Durbin, Margaret E. Scott, Gena Grimsrud. To U. S. Army Base Hospital, Camp McClellan, Anniston, Ala.: Theresa L. Page, Elizabeth O. Evans, Helen L. Boland. To U. S. Army Base Hospital, Camp Hancock, Augusta, Ga.: Helma A. Balk. To U. S. Army Base Hospital, Camp Devens, Ayer, Mass.: Frances M. Harrington, Hughjean E. MacAfee, Charlotte R. Hind, Kathryn Mansfield. To U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich.: Bernice C. Inman, Emma E. Ochsner, Emma K. Baetke, Pearle E. Sweeley, Hildegard Schamber, Nellie L. Horn, Mabel W. Lane, Lois R. Campbell, Anne M. Watland, Margaret C. Hines, Evelyn M. Manchester, Bessie L. Paulsen, Lois P. Petersen, Virginia N. Lore, Genevra Robinson. To U. S. Army Base Hospital No. 3, Brownsville, Tex.: Katherine M. Pippert, Margaret Touhey. To U. S. Army Base Hospital, Camp Greene, Charlotte, N. C.: Ruby A. Thomas, Catherine V. Haley, Marguerite J. Welch, Nora E. Whalen, Florence M. Pierce. To U. S. Army Base Hospital, Camp Sherman, Chillicothe, Ohio: Fern J. Browne, Jane E. Bown, Susan E. Lower.

To U. S. Army Base Hospital, Camp Jackson, Columbia, S. C.: Isabel L. Switzer, Gertrude R. Chubbuck, Emma E. Endera, Nettie Swann Woodyard, Teresa G. Collins, Minette Blanc, Gertrude Sachs, Anna M. Kendig, Elizabeth Latson, Theresa M. Groham. To Europe for duty with the British Forces: Eleanor L. Allen, Annie M. Spurr, Nettie J. Berry, Melvina E. Hale, Robina McCook, Mary E. Lewis, Loretta Kelly, Ethel G. Bryant, Gertrude Gregory, Kathryn M. Dinsmore, Jane Pollitt, Sarah Bithell, Isabelle Evans, Marion Bloomfield, Hannah Harris, Hephzibah L. Thomas, Elsie M. Seeman, Georgia P. Pond, Ella M. Wicklund, Minnie McCulloch, Mabel Anne Chalmers, Elizabeth H. Dougherty, Ann E. Nicholson, Mildred R. Brown, Minnie G. McGregor, Anna Thomas, Minnie Schorfield, Jessie Wales, Bessie L. Elwood, Lilly A. Mims, Mabel A. Davis, Myrtle E. Hayes, Catherine E. Cameron, Kathleen M. Byrne, Olive M. Cameron, Dorothy V. Brown, Marjorie M. Grouchy, Kathleen M. Kenney, Harriet E. Towle, Bessie A. McLennan, Florence Colby, Luella L. Brewer, Edith MacGillivray, Katherine Rooney, Mary Montgomery, Mary E. Kennedy, Edith L. Edmonds, Ellen Appleyard, Lulu B. Leonard, Florence Hemphill, Ruth Weir, Odessa M. Sheppard, Molly E. McNeese, Lillian S. McKnight, Helen G. Lamborn, Gertrude M. Perry, Agnes Austin, Lydia Lewis, Helen K. Alder, Ida L. Rishworth, Wilhelmina Robinson, Edna A. Ferguson, Mary U. Hart, Mary C. McAllister, Mary E. Morrison, Catherine Lory, Martha R. Arthur, Loretta McDermott, Beniah M. St. Clair, Elma Walker, Winifred Upton, M. Martha Daigle, Genevieve Larson. To Department Hospital, Honolulu, H. T.: Julia H. Niemeyer, Katherine Durrell. To Walter Reed General Hospital, Takoma Park, D. C.: Edith B. Irwin, Theresa B. Manning, Annie C. Wallace, Elsie A. Calloway, Mary E. Flood, Anna L. Gummick, Frances E. Bartlett, Margaret M. Millington, Jeanie M. Johnson, Florence C. McCabe, E. Mae Dorrance, Alida K. Price, Frederika K. Gaiser, Katherine White, Hazel I. Ross. To U. S. Army Base Hospital, Camp Cody, Deming, N. Mex.: Ada Watson, E. P. Decker, Olive L. Winnington, Agnes L. Larsen, Isabell E. McNally, Evelyn F. Horn, Edith E. Fisher, Ola M. Davis, Fay Higgins, Matilda J. Forst, Gertrude M. White, Nathalie Waale, Ada L. Corkhill, Minnie Allen, Eunice H. Smythe, Ardis Munson, Violet C. Lundquist, Anna J. Barnett, Mary Gallagher, Ruth Jaeger, Agnes G. Peterson, Jessie Gustat, Agnes I. Smith, Gertrude Basham, Emma McE. Miller, Edna T. Tinker, Mary F. Shell. To U. S. Army Base Hos-

pital, Camp Doniphan, Fort Sill, Okla.: Emeline Bauer, Edna G. Frame, Olive E. Calhoun, Rachel Jones, Ruth W. Gray, Mary R. Shiffer, Margaret C. Nicoly, Virginia E. Platt, Mary E. Seeman, Sophia Neubert, Anna D. Foote, Emma I. Werner, Gertrude I. Dreher, Elizabeth Roth, Florence Douglass, Ruth Widinghoff, Margaret E. Branes, Norema MacIvor, Bessie M. Howland, Theresa Powers, Corrine L. Sorenson, Margaret J. Trew, Diomah C. Yunker, Alma E. Stenso, Martha L. Leibbrand, Linnie Thompson, Anna K. Mueck, Willa V. Berry, Elizabeth B. Bennis, Lucy A. Savage, Emma Ohlendorf, Hattie Ploeg, Mae Lennon, Clara S. Bunce, Talka H. Wubbena, Anna G. Fischer, Carrie Johnson, Mary Preston, Verda Doverspike, Anna Rosenkilde, Catherine Horgan, Mary A. Williams, Katherine T. Kane, Netta E. Nelson, Elizabeth J. Flynn, Lena C. McEncrowe, Jennie J. Stanton. To Camp Hospital, Douglas, Ariz.: Serine Aarrested, Martha S. Jensen, Minnie Hollman, Della V. Sunstrom, Minnie Powell. To U. S. Army Base Hospital, Camp Kearney, Cal.: Ella Crosby, Anna O. Croosund, June W. Baker, Mrs. N. M. Mouser, Emma E. Wehner, Anna K. Bentfield, M. Grace Dobson. To U. S. Army Base Hospital, Camp MacArthur, Waco, Tex.: Sophie M. Jefferson, Helena M. Archer, Catherine Hagner, Helene Grosefent, Louise A. Feyereisen, Louise M. Kalkman, Ola E. Martin, Helen M. Bertie, Alma O. Smith, Clara R. Jones. To U. S. Army General Hospital No. 6, Fort McPherson, Ga.: Edith C. Anderson, Mrs. Grace O. Bean, Ruth H. Schmick. To U. S. Army Base Hospital, Camp Pike, Little Rock, Ark.: Gertrude Brennan, Helen C. Colgan, Emma A. Scott, Carolyn A. Moir, Blanche Harpster, Nan Clack, Anna M. Enderson, Jessie L. Rosman, Alma Halferty, Maude E. Sutton, Anne E. Dobias, Frieda P. Schuetz, Lydia Bragstad, Mrs. Mary Hall, Mrs. Eva E. VanMeter, Myatt Herndon. To U. S. Army Base Hospital, Fort Riley, Kan.: Lida W. Davis, Nell L. Biggs, Anne M. Lowry, Frances R. Brewington, Mabel V. Barker, Caroline Schmitz, Sadie A. McLean, Jean H. Simpson, Elise B. Heidenreich, Mrs. Sarah Smith, Adele Grube, Anna G. Roberts, Ethel B. Kemmer, Pauline Sandager, Cornelia Fontaine, Hazel M. Morrow, Lillian N. Welker. To U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex.: Kathleen Donovan, Ruth H. Kunkel, Laura McHugh, Helen V. Stevens, Minnie H. Andrews, Agnes Keenan, Marguerite Fisch, Phoebe J. Detweiler, Elizabeth G. Horgan, E. Ruth Breitzka, Lulu P. Dilworth, Leonora Habighorst, Josephine Currie, Marietta Welch, Helen M. Spies, May H. Cummings, Mary H. Dryden, Alfrieda B. Wagner, Clara E. Maltzberger, Cleo Finney, Elsie C. Witchem, Ida A. Netter, Mary Fillette, Harriet G. Moore, Myrtle L. Raina. To Letterman General Hospital, San Francisco, Cal.: Emma A. Vasel, Augusta Browning, Edna Younker, Verna M. Adee, Mildred Whyte, Louise B. Furois, Clara L. Barr, Florence E. Byington, Mrs. Ella K. Martin, Katherine E. Gelsendorfer, Rhoda Barker, Elizabeth M. Higgins, Agnes Fay, Zola M. Clark, Mary A. Jones, Amy M. Bell, Edna L. Blanchard, Mabel C. Godwin, Olive J. Gates, Flora E. Biery, Mary K. Dixon, Alma C. Addison. To U. S. Army Base Hospital, Camp Sheridan, Montgomery, Ala.: Mrs. Laura A. W. Hasselberg, Wilhelmina H. Hicks, Josephine Carhart, Ruby Gordon, Marie D. de la Cour, Florence Russell, Hannah Bergstrand, M. Margaret Higga, Helen Warburton, Rosetta McL. Shannon, Katherine L. Cronin, Mrs. Caroline M. Seemes, Frieda A. Detjen, Frances F. Bennett, Celia E. Curtis, Dora Gamache, Catherine M. Calvin, Margaret E. Grant. To U. S. Army Base Hospital, Camp Travis, Fort Sam Houston, Tex.: Bessie L. Harris, Cleo E. Ford, Ellen B. Christianson, Katherine E. Nugent, Mary I. Patrick, Martha M. Pendleton, Grace M. Jenkins, Mary Clark, Harriet R. Woodworth, Frances Vinton, Gertrude M. Vail, Lillian M. Vigus, Ruth D. Spurney, Ada Wellock, Martha A. Morrison, Hannah E. McCoy, Sadye M. Rosenthal, Hulda

Erickson, Mrs. Lena McCranie. To U. S. Army Base Hospital, Camp Upton, Yaphank, Long Island, N. Y.: Nellie V. Root, Jessie M. Bowes, Nora F. McCarthy, Elizabeth Leslie, Nan Craven, Catherine M. D. Brophy, Mary Hanlon, Mabel Sliker, Mary A. Whelan, Evelyn M. Sutherland, Mary M. Mason, Margaret S. Young, Anna V. Ballard, Elsie M. Thorne, Rosalie J. MacIntosh, Margery A. Duncan, Hazel M. Hollenberger, Margaret Hughbank, Katherine Walsh, Corrine H. Drury, Elizabeth M. Drury, Frances B. Hohl, Florence A. Gates, Lenora A. Chaplin, Anna R. Morse, Flora J. Parks. To U. S. Army Base Hospital, Camp Wadsworth, Spartanburg, S. C.: Helen A. Burger, May C. Wentland, Sarah J. Shockey. To U. S. Army Base Hospital, Camp Lee, Petersburg, Va.: Nellie B. Hall, Annie H. Cole, Bertha H. Becht, Mrs. Josephine L. Munro, Martha Clever, Helen M. Henning, Ruth F. Silvernale, Mabel Meyer, Mary E. A. Maloney, Margaret Boyce, Florence E. Whitman, Nettie S. Rader, Nora C. O'Laughlin, Bridget Gallagher, Martha Quinton, Margaret McC. Peterson, Marie A. Duval, Eva M. Lord, Alice D. Ogilvie, Frances Hinton, Beattie M. Jackson, Edna I. Guymer, Elizabeth F. Delaney, Ina I. Pierce, Mary Murphy. To U. S. Army Base Hospital, Camp Logan, Houston, Tex.: Florence C. Hansberry, Georgetta L. Stonebanks, Robena M. McGrandel, Evelyn A. Johnson, Kathryn A. Vetter, Loretta Halloran, Emma J. Bartlett, Agnes Dupuy, Minerva H. Sweigart, Beattie M. Thomas, Frances J. Maley, Margaret Kennedy, Della J. Hurley, Elizabeth R. Brennan, Maude E. Walters, Gertrude B. Patterson, Winifred I. Langon, Hilda W. Lawson, Jean C. Wakefield, Ina J. Zimmer, Clara G. Washington, Edna B. Melius, Genevieve M. Gossman, Katherine T. Usher. To U. S. Army Base Hospital No. 3 (service in Europe), Blanche H. Lowe, Nancy G. McGehee, Lotta A. Swarnie, Kittie Zachariah, Christena MacMillan, Alice E. Higgins, Elizabeth E. Helman, Alice B. Hill, Ada E. Potter, Helen Read, Elvia M. Robertson, Florence A. Robertson, Mabel E. Shortliffe, May E. Overend, Marion Overend, Theresa G. Orr, Emily G. Petty, Marion L. Moxham, Libbie Myers, Ella J. Osborn, Amy H. Trench, Frances Milligan, Helen J. Moses, Beatrice Moule, Annie M. Harrison, Kathleen G. Guest, Florence T. Graves, Henrietta C. Credo, Elena McDermot, Etta C. McClure, Mary K. Caulfield, Cora L. Ball, Angelina H. Lees, Lilla M. Laurence, Beatrice LaRoisiere, Nina Coad, Edna P. Clay, Bess G. Boyer, Margaret S. Bailey, Ina Ferguson, Margaret H. Doyle, Georgiana E. Donnelly, Anna M. Doyle, Margaret A. Dooley, Ina D. Downes, Elizabeth K. Dixon, Frances E. Deasell, Margaret H. Dempster, Frances M. Daly, Margaret G. Bracken, Mae L. Woughter, Mabel F. Grady, Winifred M. Forsyth, Dora W. Fluckiger, Grace H. McCowan, Margaret Marran, Dorothea Gaut, Frances E. Wolf, Lucile G. Sprattling, Blanche Jones. To U. S. Army Base Hospital No. 1 (Bellevue Unit, service in Europe), Agnes C. McInerney, Lucy T. Costello, Bertha M. Foley, Emma A. Gibson, Mrs. Maude H. Bryson, Mildred R. Myers, E. Grace Rothwell, Alice F. Murray, Julia A. Kaufman, Edith Bishop, Edith M. Van Horn, Eva Houston, Mabel A. Light, Mollie A. McCarthy, Mary Krantz, Sue M. Knolly, Margaret E. Gallery, Sadie M. Johnston, Margaret I. Strachan, Winifred F. Noon. To U. S. Army Base Hospital, Camp Sevier, Greenville, S. C.: Malin H. Sundberg, Elizabeth H. Smith. To U. S. Army Base Hospital, Camp Grant, Rockford, Ill.: Marguerite E. Stierlin, Flora McD. Neal, S. Ruth Gensemer, Esther C. Oman, Grace E. Brown, Mary A. Ladd, Eleanor L. Waterman, Irene M. Ellis, Ella Horn, Margaret B. Carenduff, Nellie E. MacDowell, Mary C. Coffrey, Gertrude F. Hommer, Eleanor Scholleart, Mabel E. Redfern, Ella V. Lyons, Letitia K. O'Connell, Ethel N. Jones, Rena Jernstad, Ella Norris, Margaret C. MacNeil. To U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J.: Florence Clement, Anne C. Rickert, Jeanette E. Potteliger,

Hanna M. Thayer, Elizabeth C. Conrath, Lily Whittall, Marguerita Lash, Anna L. Slater, Mildred Reighard, Leslie A. Rambo, Emily Weder, Grace W. Revelander, Dulcie Hummel, Charlotte W. Ager, Matilde B. Pederson, Estella C. Pettit, Margaret B. Powell, Ruth Bowen, Mrs. Mary T. Martin, Louise C. Gibbons, Anna S. Shea, Stella M. Hartman, Mary R. LaFlamme, Angelena G. Crossover, Kathryn G. O'Connor, Lillian E. Tucker, Elizabeth Hix, Mary A. Lawlor, Anna B. Falk, Melba V. Austine, Sarah M. Flory, Emma H. Austin, Marie A. Rush, Nellie Stoker, Cornelia Beaumont, Elizabeth M. Dickinson. To U. S. Army Post Hospital, Jefferson Barracks, Mo.: Irene F. Hamilton, Winifred N. Bray, Bessie C. Bray, Ethel V. Pittman, Catherine M. McCole, Helen H. Haenel, Mary F. Chapman, Mary Offerdahl, Marie M. Nielson, Anna T. Hartmann, Alta M. Bruff, J. Evelyn Vandesteeg, Ruth M. Breed, Helen F. McLain, Effie R. Bliot, Mrs. Mary M. Soper, Lizzie Runge, Alleen E. Townaley, Betty Halfaker, Mabel Bright. To U. S. Army Base Hospital, Camp Joseph E. Johnston, Jacksonville, Fla.: Marion E. Lewis, Mary G. Curran, Katherine M. Hegarty, Alice M. Hanrahan, Margaret A. Phillips, Lulu L. Lee, Martha G. Perry, Melvina Leversage, Carroll Swann, Sarah L. Harkins, Ruth C. Updegraff, Nova S. Negley, Rosalind Wightman, Ruby E. Ward, Julia E. Hayne, Anne F. Pritfhett, Margaret McCallum, Sara O. Hornsby, Elizabeth C. Mann, Lena R. Lester, Sallie Bollinger, Eva E. Richards, Katherine B. Moore, Laura E. Ellis, Dorothy Sparhawk, Esther V. Sparhawk, Anna M. Brady, Katharine Schmitt, Dora Frahm, Margaret E. Giersch, Bessie E. V. Keil, Caroline A. Miller, Mabel S. Beard. To U. S. Army Base Hospital, Camp Merritt, New Jersey: Evelyn M. Thomas, Mary P. Cavanaugh, Mary E. Harris, Jessie Axelrod, Evelyn M. Thomas, Mary L. Flanagan, Blanche A. Meyers, Jutta J. Anderson, Annie R. Tappings, Anna V. Yakulevitz, Lucy C. Swartz, Edith M. Jackson, Margaret Doeherty, Hannah E. Maiden, Hedwig Werdelin, Katherine Finn, Jane B. Middaugh, Mary V. McWhorter, Jennie W. Miller. To U. S. Army Base Hospital No. 20 (service in Europe), Nellie A. Whittemore, Mary E. MacJetriddle, Nancy E. Laubenstein, Mignonne S. Kreger, Grace Heatley, Miriam V. Brothers, Emma L. Morrison, Florence L. Williams, Elizabeth C. Clingman, Grace T. McConaughy, Dell Jackson, Mary O. Kegrice, Grace E. MacMillan. To U. S. Army Base Hospital No. 24 (service in Europe), Daisy P. Beyea, Minnie C. Robinson, Edna Drake. To U. S. Army Base Hospital, Camp Dodge, Herrold, Iowa: Alva H. Pederson, Marion E. Oakes, Antoinette Nagoosky, Anna C. Lillegaard, Mildred A. Ryan, Edith E. Horsey, Mary E. Clarke, Ida Baughman, Anabel Marker. To U. S. Army General Hospital No. 1, New York, N. Y.: Kathryn C. Hopkins, Mabel E. Smith, Blanche Cramer, Margaret A. Wood, Sarah J. McMillen, Elsie F. Mergenthaler, Marie L. Donnelly, Carol L. Strauss, Agnes A. Connolly. To Ellis Island, New York, Unit "H" (service in Europe), Anna A. Lane, Annie S. Humphrey, Margaret MacNichol, Elizabeth Kelly, Catharine M. Gallagher, Myrtle A. Hawkes, Leila McGuire, Agnes C. McSweeney, Louise J. Wenke, Ellen J. Thomas, Agnes M. Bell. To U. S. Army General Hospital No. 5, Fort Ontario, N. Y.: Violet C. Durkee. To U. S. Army Base Hospital, Camp Taylor, Louisville, Ky.: Katherine McKeone, Gertrude E. Blaetz, Ottilia D. Noeckel, Olive M. Meister, Florence Stevenson, Mary E. Bangasser. To U. S. Army Base Hospital, Camp Stuart, Newport News, Va.: Sue Rainey, Maude E. Doncaster, Genevieve E. Dyer, Lena Alexander, Helen R. Meier, Minnie Bedour, G. Mathilda Helgersson, Josephine M. Orvold, Bernice I. Lonnartz. To Ellis Island, New York, Unit "B" (service in Europe), Edith C. Anderson, Rachel Benham, Jessie M. Savage, Susan H. MacKenzie, Effie A. Carruthers, Jean F. Carruthers, Elvira Thompson, Marguerite F. Hunt, Genevieve Cristlewaita. To Ellis Island, New York, Unit "R" (service in

Europe), Kathryn O. Craber, Merle M. Wright, Amy Beers, Elsie Thompson, Margaret C. Henke, Elizabeth A. Connelly, Dora L. Blank, Eva B. VanDyke, Sarah Greenhalgh, Grace VanEvara, Grace S. Bell, Mary L. Elder, Philomena Bauer, Ethel Lessenger. To U. S. Army General Hospital No. 2, Fort McHenry, Md.: Hazel A. McLean, Catherine M. Lynch, Edith A. Babcock, Loretta I. Meyer, Jennie N. Nelson, Anna B. Fay. To U. S. Army Base Hospital, Camp Bowie, Fort Worth, Tex.: Ethel M. Keinath, Gertrude E. Buch. To U. S. Army General Hospital, Lakewood, N. J.: Carrie E. Gerwig, Margaret M. McCarthy, Bertha Linker, Julia E. Anderson, Clara V. Bohrer, May K. Steiner, Bertha M. Boyle. To U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss.: Clara R. Parker. To U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal.: Mathilda Werner. To U. S. Army Post Hospital, Fort Sill, Okla.: Edna A. Blackman, Mary A. Law. To American Red Cross Military Hospital No. 1 (service in Europe): May A. Lundberg. To American Red Cross Military Hospital No. 2 (service in Europe): Alice E. Findley, Blanche Horner, Ada Pearson.

Transfers.—To U. S. Army Base Hospital No. 20 (service in Europe): Anna Daley, Nettie M. Parkinson, Emma Amack, Lillian C. Foster, Lucile Connant, Lucy Kullander, Hazel E. White. To U. S. Army General Hospital No. 5, Fort Ontario, New York: Margaret F. McCormick, Grace A. MacMillan, Olive Perry, Belle E. Powell, Elma J. Burgar, Katherine C. D. Cavanagh, Elizabeth Files, Laura E. Goodine, Ida M. Landon, Mary C. Lee, Jane B. Powers. To U. S. Army Base Hospital No. 3 (service in Europe): Helen Dixon, Violet Dobson. To Ellis Island, N. Y., Unit "H" (service in Europe): Josephine A. Allison, Lottie I. Baker, Grace W. Blackwell, Nellie L. Comiskey, Gertrude M. Kilduff, Elizabeth McNeerney, Nora T. O'Connor, Antoinette M. Paige, Margaret R. Ray, Clara K. Wenke. To U. S. Army General Hospital, Lakewood, N. J.: Nellie Rothwell. To U. S. Army Base Hospital, Camp Meade, Admiral, Md.: Helen E. Covey, Louella A. Warren, Annie C. Wallace, Theresa B. Manning, Margaret Singleton, Nannie A. Anderson, Maude A. Taft. To U. S. Army Base Hospital, Camp Cody, Deming, N. Mex.: Mary F. Ward, Bertha A. Houchins, Evelyn Carrier, Ethel M. Cardwell, Harriet M. Campbell, Ethel J. Cole, Mrs. Ellen Peacock, Elsie E. Richards, Elizabeth E. Sterling. To U. S. Army Base Hospital, Camp MacArthur, Waco, Tex.: Winnie E. Susilla, Tommie Cousins, Amanda E. Johnson, Cidora O. Tricon, Signe Lee, Rose I. Skelley, Louella Hudson, Laura A. McHugh, Kathleen Donovan. To Ellis Island, New York, Unit "B" (service in Europe): Winifred C. Lane, Lena R. Renwick, Pauline Townsend, Elizabeth A. Hack, Edith R. Larson, Mary O. McCallan, Mabelle V. MacKerracher, Jean MacKinnon. To Ellis Island, New York, Unit "E" (service in Europe): Esther M. Albright, Agnes L. Swift, Madge Baldwin, Nellie Davies, Mabel Lusk, Bessie J. Whitaker, Olive Whitlock. To U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal.: Edyth M. Gill, with assignment to duty as Chief Nurse, Clara Bauer, Florence E. Byington, Agnes Fay, Gessie E. Jones, Grace Madden, Katherine O'Brien, Emma A. Vasek, Mildred E. White, Talka H. Wubbena. To Walter Reed General Hospital, Takoma Park, D. C.: Mildred R. Wells. To U. S. Army Post Hospital, Fort Monroe, Va.: Pearl M. McCulloch.

Relief.—Reserve Nurses, Army Nurse Corps, relieved from active service in the military establishment: Katherine B. Irwin, Margaret J. Arnold, Zilla B. Bartlett, Marguerite A. Brogan, Olivia J. Butler, Jessie L. Calkins, Claire R. Craigen, Mae E. Dolliver, Helen Fairchild, Florence E. Hancock, Florence A. Hinton, Lottie R. Hollenback, Catherine C. Marks, Lillian B. Maxon, Rose Mueller, Anna F. Pope, Annabel S. Roberts, Natalie H. Schoettie, Bessie Welsh, Anne S. Wilson.

Deaths.—It is with much regret that the deaths of the following named nurses are announced: Annabel S. Roberts, of U. S. Army Base Hospital No. 2 (British Expeditionary Forces, France); Helen Fairchild, of U. S. Army Base Hospital No. 10 (Casualty Clearing Station, Europe); Florence A. Hinton, of U. S. Army Base Hospital No. 12 (Europe); Blanche N. Small, of U. S. Army Base Hospital, Camp Lee, Petersburg, Virginia.

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

Alabama.—THE ALABAMA ASSOCIATION OF GRADUATE NURSES held a regular meeting at the Albert Hotel, in Selma, on January 15. The day was filled with an automobile ride about the city, an Executive Board session and a banquet which preceded the evening meeting. Besides papers by Miss A. Vickers on the Value of Postgraduate Work and by Ruth Davis on the Red Cross, Its Origin and Success, short addresses were given by Dr. Reynolds, Mr. J. W. Green and Mrs. B. H. Craig. **Birmingham.**—THE BIRMINGHAM GRADUATE NURSES' ASSOCIATION, which will now be known as District Association No. 1 of the State Association, held its annual meeting on January 9, in the Civic Chambers. The revised constitution and by-laws for the new association were adopted, and the following officers elected: President, Helen MacLean; vice-presidents, Bertha Clement, Ellen Quilty; secretary-treasurer, Catherine Moulitis; federation secretary, Bertha Thompson; directors, Julia Dainwood, Mrs. E. M. Hartsock, Diana Fair, Mary Walker, Annis E. Stay, Emma Leonard. Ellen Quilty gave a report of the Public Health Section.

Connecticut.—THE CONNECTICUT STATE BOARD EXAMINATION was held January 16 and 17. Ida Butler, chairman of the Red Cross Local Committee, was present with enrollment blanks and out of eighty-six nurses who came up for examination, forty-five took out application papers, many of them at the same time filling out and returning the papers to the chairman. In order to prevent delay, the applicants' credentials and physical examinations are being prepared so that the enrollment application may be ready for Washington as soon as the candidate learns the result of her State Board Examination. THE DISTRICTING OF THE STATE has now been accomplished, four districts having been established. No. 1, New Haven County; No. 2, Fairfield and Litchfield Counties; No. 3, Hartford, Tolland and Windham Counties; No. 4, New London and Middlesex Counties. **Hartford.**—DISTRICT No. 3, at its first meeting on January 3, elected these officers: President, E. Inde Albaugh; secretary, Grace Cook. The constitution adopted follows very closely that of the national association. **HARTFORD HOSPITAL ALUMNAE ASSOCIATION** has revised its constitution, the old one proving inadequate for the growing association. **THE HARTFORD NURSING SERVICE COMMITTEE** has at present 87 Red Cross nurses enrolled, an increase of 59 since February 1, 1917, thirty of them in active service.

Illinois.—THE ILLINOIS STATE DEPARTMENT OF REGISTRATION AND EDUCATION will hold an examination for applicants for state registration on March 27 and 28, in Chicago. Applications must be on file in Springfield not later than March 17. For information and blanks address the Superintendent of Registration, Fred C. Dodds, Department of Registration and Education, Springfield, Ill. **THE COMMITTEE OF NURSE EXAMINERS** met in Springfield, February 1 and 2, at which time Bertha Knapp, superintendent of nurses, Wesley Hospital, Chicago, was elected chairman and Mrs. Julia P. Kennedy was re-elected secretary. An examination was conducted for eighty-seven candidates, forty-four of whom had failed in previous examinations. **Chicago.**—THE FIRST DISTRICT of the State

Association held a most enthusiastic Red Cross mass meeting at Fullerton Hall on January 23. The speakers were Clara D. Noyes, Mrs. Jean Hall, Chicago, who told of her experiences on Canteen Duty in France; and Sergeant Baldwin, who spoke on The Red Cross from the Soldier's Point of View. THE STUDENT WOMEN'S CHRISTIAN FELLOWSHIP has, for two years, brought together women from special and professional schools, sometimes in large mass meetings with a speaker, sometimes in informal conferences. Decatur.—THE THIRTEENTH DISTRICT elected these officers on February 5: President, Anna L. Tittman; secretary, Maudé Ryman; treasurer, Mrs. Sophia Strandberg; corresponding secretary, Minnie Wilbur. Following the business session at the Decatur and Macon County Hospital, a most enthusiastic Red Cross dinner was held at Hotel Orlando, with one hundred nurses attending, the local Red Cross Chapter and student nurses being guests. Minnie H. Ahrens and Mrs. J. Gordon Wilson of Chicago were the speakers, the latter describing her experiences in the service of the Red Cross Distributing Stations in France. Quincy.—BLESSING HOSPITAL, through its senior nurses, is giving health and hygiene talks to the local Y. W. C. A. classes, under the supervision of the superintendent of nurses, Mrs. Marian P. Ringland. This is proving to be excellent training in public speaking, and links the pupil nurses to their responsibilities in the community. Peoria.—THE SEVENTH DISTRICT ASSOCIATION, at its annual meeting on February 1, elected the following: President, Mary Younggreen; vice-presidents, Martha Moritz, E. J. Coolidge; treasurer, Carrie Nelson; secretary, Lora Battin; corresponding secretary, Rose M. Wood. The work of reorganization to conform to the national plan is well under way. Vina Kilby, class of 1904, Proctor Hospital, and Nettie Williams, class of 1914, are engaged in surgical nursing in Omaha, Nebraska. The Methodist Hospital in this city has as head nurses, Ruth Carlson and Erma Sathchild, class of 1917, Chicago Union Hospital, and Celia Johnson and Flora Timkin, class of 1914, Deaconess Hospital. Alice Swanson, class of 1910, Henrotin Hospital, Chicago, is assisting Dr. Joseph Duane.

Indiana: Indianapolis.—THE MARION COUNTY GRADUATE NURSES' ASSOCIATION at its annual meeting elected the following officers: President, Mary Van S. McCoy; vice-presidents, Margaret Johnson and Edna Brown; secretary, Jessie Rodman; treasurer, Belle Emden; registrar for Central Directory, Mae D. Currie.

Iowa.—THE STATE BOARD EXAMINATIONS on January 28-30 were attended by ninety-five nurses. The Registered Nurses of Des Moines entertained the visiting nurses at a musicale on the twenty-ninth, in the interest of Red Cross enrollment. Rousing talks relating to the Red Cross Nursing Service were given by Major Frank Todd, Major Miller and Chief Nurse Rachel Estella Campbell, all from Camp Dodge. The response makes the nurses feel that much good was accomplished. Des Moines.—THE PRESBYTERIAN HOSPITAL has been sold to the city as a City Hospital. Lenore Addington, a graduate of the Iowa Methodist Hospital, has been placed in charge and is to be assisted by Marian Addington. Mary Harney, formerly with the Visiting Nurse Association, has entered the Red Cross Public Health Service and will be in charge of the dispensary for venereal diseases connected with the new hospital. Miss Harney will be assisted by Harry Reynolds, a graduate of the Iowa Sanatorium at Nevada, Iowa. HANNAH JOHNSON, a graduate of the Iowa Methodist Hospital, will succeed Miss Harney on the staff of the Visiting Nurse Association. ELIZABETH PATTERSON has resigned from the staff of the Des Moines General Hospital, where she will be succeeded by Winnifred Hyland, a graduate of the hospital. Davenport.—A DISTRICT ORGANIZATION was perfected on February 7 by registered nurses from Scott, Jackson,

Cedar, Jones, and Clinton Counties. These officers were chosen: President, Clara L. Craine, Davenport; secretary, M. Tanner, Clinton; treasurer, Amanda Bard, Davenport; chairmen of committees, Constitution and By-laws, Martha Oaks, Davenport; Membership, Edith Muhs, Camache. Thirty-two nurses were present, with Mrs. Josephine Barnhardt and Mrs. Candace Dodge from the Fifth District of Illinois as guests. After the completion of the organization in March, quarterly meetings will be held.

Maine.—THE MAINE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold examinations for the registration of graduate nurses at the State House, Augusta, April 17, 1918, beginning at 11 A. M. Application blanks may be procured from the secretary and should be filed at least ten days prior to the date of the examination. Ellen F. Paine, Secretary-treasurer, Bangor.

Maryland.—THE MARYLAND STATE ASSOCIATION, at its January meeting held in Baltimore, had as one of its speakers, Miss Eldredge, the Interstate Secretary. Her talk was particularly interesting to those who up to that time knew so little of our nursing organizations. Miss Carter, secretary of the Educational Section of the Maryland Council of National Defense, made a strong appeal for higher educational standards for the student nurse. THE MARYLAND STATE LEAGUE OF NURSING EDUCATION recently met at Johns Hopkins Hospital to discuss Affiliation of Hospitals. THE JOHNS HOPKINS HOSPITAL ALUMNAE ASSOCIATION had as its guest at its last meeting Georgia M. Nevins, whose talks are always an inspiration. THE ALUMNAE ASSOCIATION OF THE UNIVERSITY OF MARYLAND HOSPITAL had at its last regular meeting, Clair Conegan, who spoke on Foreign Duty. The Base Hospital Unit of that hospital, through its chief nurse, Miss Gavin, has supplied ten nurses for immediate service in the cantonments.

Massachusetts.—THE MASSACHUSETTS PUBLIC HEALTH NURSES' CLUB held its annual meeting in January at Evans Memorial Hall, with the following programme: The Education of the Public Health Nurse, Mary Beard; The Ethical Relation between the Public Health Nurse and the Physician, Dr. W. P. Bowers, Secretary of the State Board of Registration; The State Charities, Robert W. Kelso, Secretary of the State Board of Charity; Industrial Nursing—Its Present and Future, Mrs. Anna Staebler, Secretary of the Industrial Committee of the Boston Association for the Relief and Control of Tuberculosis. THE BOSTON NURSES' CLUB, on January 23, met for the purpose of hearing Lieutenant Morize, a French officer detailed for military instruction at Harvard College, and Mrs. Henry Copley Greene, who described the organization of the Edith Cavell Society and the management of its fund, to which \$300 was added from this meeting. The Club, on February 2, entertained Miss Gill from Honolulu, the Edith Cavell nurse whose salary and expenses are paid by wealthy residents of Hawaii. Miss Gill is a graduate of a hospital in Auckland, New Zealand, and has been doing private nursing in Honolulu. ELIZABETH OLMSTED, Boston City Hospital, has succeeded Florence Levensaler, who was in charge of the Infirmary at Amherst Agricultural College. EDITH GRANT, Boston City Hospital, has resigned as superintendent of the Somerville Contagious Hospital, where she had been for eight years. MISS MYERS, who has until recently been superintendent of nurses at the Long Island Hospital, Boston Harbor, is now associated with a shipbuilding plant in Portsmouth, N. H., as an industrial nurse. THE GUILD OF ST. BARNABAS, on January 30, heard addresses by Dean Rousmaniere on Love of Service, and by Major Giddings on the work and experiences in Halifax of the first unit sent there. ELIZABETH PEDEN, superintendent of Brooks Surgical Hospital, Corey Hill, was in charge of the nurses who assisted in the demonstration of speed and efficiency

at the Commonwealth Armory Hospital on February 3. On February 7, the Boston nurses of the First Harvard Surgical Unit, staff of General Hospital 22, held a reunion. Framingham.—**FIRE IN THE NURSES' HOME** drove forty-five nurses to the street with barely time to dress. The fire department, by the use of a water curtain, saved the hospital, which was only fifty feet away. Northampton.—**THE HAMPSHIRE COUNTY BRANCH OF THE STATE ASSOCIATION** recently held a meeting at the Cooley-Dickinson Hospital, at which Professor Régis Michaud of Smith College, told of his experiences with the Red Cross in France.

Michigan.—**THE MICHIGAN STATE NURSES' ASSOCIATION** has adopted the revised constitution which provides for the admission of district associations. The new constitution became effective January 1st, and five districts have been accepted: Wayne, Washtenaw, Flint, Kent and Ingham. Ann Arbor.—**THE NURSES of Ann Arbor** have contributed \$500 for a Y. W. C. A. hut for nurses in the foreign service. Detroit.—**THE WAYNE COUNTY NURSES' ASSOCIATION** held its annual meeting January 4, when the following officers were elected: President, Harriet Leck; vice presidents, Mary E. McIntee, Mrs. L. E. Gretter; treasurer, Mrs. Effie M. Moore; directors, for three years, Edith C. Jones, Mrs. Elizabeth Westendorf; for two years, to succeed Frances Quick, who left the city to take up Visiting Nurse work at Flint, Mich., Mary S. Keeling; for one year, to succeed Betsey L. Harris and Minnie McGregor, who have entered active army service through the American Red Cross, Margaret and Cora Holton. The Library Committee reported the purchase of nineteen books, which included Winston's Cumulative Encyclopedia. The committee also reported that it had sent nine volumes of the **AMERICAN JOURNAL OF NURSING** to the binders. At the meeting held February 1, Dr. Reuben Peterson of Ann Arbor spoke on the Red Cross, stating that the graduate nurse is in a position to serve her country in its time of need, as no other woman is able to serve, that it is a testing time for the profession, but also that he had faith to believe that she would rise to the emergency and be found true to her trust. At the close of his talk, the service flag, purchased by the Association, was formally presented by Mrs. Gretter. **GRACE HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting on January 8, when the following officers were elected: President, Frances Campbell; vice presidents, Ida May Harland, Grace Bowes; recording secretary, Elizabeth Boyce; corresponding secretary, Hilda Cox; treasurer, Edith C. Jones; directors, Ella Malley, Grace Van Wormer, Edith Bassett. At the annual meeting of the **WOMAN'S HOSPITAL ALUMNAE ASSOCIATION**, held on January 8, the following officers were elected: President, Mrs. Nina Long Sheck; vice president, Mae Pelton; secretary, Margaret Culliton; treasurer, Mary McManus; directors, Edith Beck, Eleanor Parkinson, Frances Foster.

Mississippi: Vicksburg.—**THE MISSISSIPPI STATE CHARITY HOSPITAL** has recently issued its biennial report, covering the years 1916 and 1917. The superintendent of nurses, E. Mildred Davis, reports that the course has been extended from two to three years and that the curriculum has been extended. There are twenty-five student nurses.

Missouri: Kansas City.—**THE KANSAS CITY GRADUATE NURSES' ASSOCIATION** held its annual meeting on February 6, at the Club Rooms, when the following officers were elected and chairmen of committees appointed: President, Anna M. Barr; vice presidents, Florence Peterson and Freda Blecker; secretary, Mrs. G. H. Blake; treasurer, Mary Jensen; Printing and Programme Committee, Mary Murray; Visiting, Ida Webert; Directory, Mrs. T. V. Partridge; House, Clara Tolless; Ways and Means, Bertha Loomis. The alumnae of Wesley Hospital

were in charge of the social hour. On the afternoon of January 17, Lydia Anderson, director of the Southwestern Division of the Red Cross, addressed fifty nurses at the Club Rooms. In the evening, the League of Nursing Education held an open session at the Club Rooms, having as guests Miss Anderson and members of the State Board of Examiners. On the afternoon of January 30, L. Eleanor Keeley, chief nurse of Base Hospital Unit No. 28, and Mrs. H. V. Mather gave a tea at the latter's home for nurses of the Unit, the superintendents of hospitals and the members of the Red Cross committee. St. Joseph.—THE ALUMNAE ASSOCIATION OF THE ENSWORTH DEACONESS HOSPITAL at its annual meeting on January 9, elected the following officers: President, Mrs. L. Alkire; vice presidents, Alma Foster, Elenore Carlson; secretary and treasurer, Alvina Bausch; corresponding secretary, Mrs. Thomas Matney. The Executive Committee includes the officers, Mae Sharp, Lorena Hales and Luella Swartwood. Following the reading of two letters from nurses in cantonment work, a report of the state meeting was given.

New Jersey.—THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold examinations for graduate nurses on March 21, 1918, in the State House, Trenton. Applications must be filed fifteen days prior to the date set for the examination. Information and application blanks can be procured from the Secretary-treasurer, 139 North 12th Street, Newark. Summit.—OVERLOOK HOSPITAL ALUMNAE ASSOCIATION at its annual meeting on January 18, elected the following officers: President, Bertha Wildman; secretary, Marie Brown; treasurer, Bessie Lyon. Newark.—THE NEWARK CITY HOSPITAL ALUMNAE ASSOCIATION on January 23 raised a service flag in honor of eighteen of its members who are now in active service. Mayor Gillen was the principal speaker. Bayonne.—THE BAYONNE HOSPITAL ALUMNAE ASSOCIATION on January 9 elected the following officers: President, Gladys Griffith; vice president, Florence Swick; secretary, Sophia P. Wattell; treasurer, Julia C. Fitzhenry. A letter was read from the State Association acknowledging the Alumnae's contribution to that association and to the Nurses' Research.

New York: New York.—THE CENTRAL CLUB FOR NURSES has received word from Martha M. Russell, Chief Nurse, American Red Cross in France, that the cheque for 1500 francs which the Club sent for Christmas to the American nurses in France, will be used for additional pleasures for the nurses in a convalescent home which the Red Cross expects to provide for them in the south of France. THE GERMAN HOSPITAL ALUMNAE ASSOCIATION has recently appointed Margaret Munro as secretary, following the resignation of Miss Polak. Brooklyn.—THE LONG ISLAND COLLEGE HOSPITAL ALUMNAE ASSOCIATION held its meeting at the Club Rooms on February 12, at which time Miss Doty gave a most helpful talk.

Pennsylvania: Philadelphia.—THE ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL, on January 16, elected the following officers: President, Helen F. Greaney; vice presidents, Mrs. Sara Entwisle, Nettie Guthrie; recording secretary, Emma Kelly; corresponding secretary, Marion Elliott; treasurer, A. M. Peters; directors, Mrs. I. B. Closs, Lavinia Rabock, Harriet Gaul. By-laws, revised and amended to conform to the requirements of the state and national associations, were adopted. THE PHILADELPHIA GENERAL HOSPITAL ALUMNAE ASSOCIATION at its meeting on February 4 decided to purchase a memorial tablet for the Reverend Mr. Pearson, to be placed by March 22, the second anniversary of Mr. Pearson's death. Margaret Wise read a paper on The Specialty Nurse and Her Preparation. THE PROTESTANT EPISCOPAL ALUMNAE ASSOCIATION met on February 6,

when Miss Ryther gave an interesting address on Social Service Work. Letters were read from some of the nurses in foreign service, and the news of the death of Alice Ireland, who went out with Base Hospital No. 34, was received with much sorrow. Easter boxes are being sent to the members overseas. Mrs. N. F. W. CROSSLAND has resigned her position as supervisor of nurses of the Germantown Hospital, after six and a half years of service, to become superintendent of St. Mark's Hospital, Salt Lake City, Utah. Rebecca Jolly, another Protestant Episcopal alumna, will succeed her at the Germantown Hospital. ST. AGNES HOSPITAL ALUMNAE ASSOCIATION on January 30 unfurled a service flag in honor of the former chaplain, Father Murphy, and nineteen nurses who have entered the service. At the same meeting these officers were elected: President, Sara C. Smith; vice president, Josie M. Harte; secretary, Maud A. Munn; treasurer, M. Agnes Doyle; board of directors, Alice E. Wasser, Elizabeth Hug, Marie P. McCauley. Susan C. Francis gave an interesting talk on Red Cross Nursing Service in which she urged every available nurse to enroll for active service. She also read a letter from one of the alumnae stationed at Camp Lee, who wrote most enthusiastically of her work in the cantonment. The senior pupils, the head nurse and eight Sisters, who are honorary members, were the guests of the afternoon. ST. MARY'S HOSPITAL ALUMNAE, at their meeting on February 12, heard an interesting letter from Charlotte Ayer, Camp Dix. It is hoped soon to have a Unit ready for Cantonment service. LANCASTER.—ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 7, when the following officers were elected: President, E. Blanche Seyfert; vice president, Lillian B. Mumma; recording and corresponding secretary, Mary C. Warner; treasurer, Anna M. Gross. Following the recent revision of the by-laws, it was decided to join the American Nurses' Association, through the district association. An interesting paper on The Progress Made in the Use of Antiseptics and Prophylactics during the Present War, was presented by one of the graduates. The Alumnae Association of St. Joseph's Hospital joined with that of the Lancaster General Hospital on January 10 for a special meeting, when Adda Eldredge, the Interstate Secretary, was present; she spoke on The Red Cross Nursing Service, and the Organization and Affiliation of the Individual Associations with the American Nurses' Association. Her talk was very helpful.

Rhode Island.—THE RHODE ISLAND LEAGUE OF NURSING EDUCATION at a meeting held at the Woonsocket Hospital, January 30, had an interesting report from Grace L. MacIntyre, Chief Nurse of Naval Base Hospital Unit No. 4, who acted as Chief Nurse for the Relief Party detailed to Halifax. She also told of her work at the Naval Hospital at Newport, where she prepared for her work in the Unit. PROVIDENCE.—THE PROVIDENCE DISTRICT NURSING ASSOCIATION held its annual meeting at Brown University on January 15, when Mary S. Gardner and Dr. Grace L. Meigs of the Children's Bureau, Washington, spoke on Infant Welfare. THE RHODE ISLAND HOSPITAL ALUMNAE ASSOCIATION elected the following officers on January 29: President, Miss Edgecomb; corresponding secretary, Mrs. Arthur Savard; recording secretary, Miss Denico; treasurer, Miss Earley. The proposed changes in the constitution and by-laws were discussed. The Nurses' Club at its meeting on February 5 had the subject of the War Savings Campaign presented by a representative of the committee, and Grace L. MacIntyre spoke of Experiences in Halifax.

Washington.—THE WASHINGTON STATE BOARD OF EXAMINERS OF NURSES, owing to the present need of nurses in the war service, will hold the next examination in both Spokane and Seattle on April 12 and 13, these dates being earlier

than usual. Applications and information can be secured from May S. Loomis, Secretary-treasurer, 226 White Building, Seattle, Wash.

Wisconsin.—THE COMMITTEE OF EXAMINERS OF REGISTERED NURSES of the Wisconsin State Board of Medical Examiners has recently issued a booklet on Requirements and Curriculum for Accredited Schools of Nursing. The Committee recently held the following examinations:

Medical Nursing.—1. (a) When possible to choose a room for a patient, what points would you consider? (b) What should be the temperature of the sick room in ordinary cases? 2. What would you do for a patient through the three stages of a chill? 3. Why is a chill sometimes of grave significance? 4. Name five important factors in overcoming constipation. 5. Give the treatment of infantile convulsions previous to the doctor's arrival. 6. Tell how to differentiate hemorrhage from the lungs and stomach. Give emergency treatment of each. 7. Name five complications in typhoid fever and the precautions to be taken to prevent them. 8. Mention some of the bad effects that may result from the neglect of a typhoid patient's mouth. How would you care for the mouth of a typhoid patient? 9. (a) What are the early symptoms of pulmonary tuberculosis. How is it most frequently communicated? (b) What is the most effective way of disposing of the sputum in tuberculosis? 10. Describe the onset of pneumonia. When does the crisis usually occur and what is the special nursing care during this period?

Hygiene and Sanitation.—1. What is meant by public hygiene? 2. What instruction in personal hygiene would you give a school child ten years of age? 3. What are some of the sources of contamination of drinking water? 4. Describe a sanitary surface privy. 5. Outline a plan for the disposal of soiled dressings and other waste material in a small hospital. 6. What sanitary precautions would you use in nursing a typhoid fever patient in a country home? 7. What is Wisconsin doing to prevent the spread of tuberculosis? 8. What factors should govern you as to method and frequency of ventilation? 9. Write on the importance of fresh air and proper exercise. 10. Name four branches of public health nursing—giving function of each.

Anatomy and Physiology.—1. State points of difference in character of bones of an old person and bones of a child. 2. What are the functions of joints? Classify them. 3. Name four functions of the skin. 4. What separates the thoracic from the abdominal cavity? Name organs of each cavity. 5. Define elimination, mastication, anatomy, physiology, and pulse. 6. What constitute the organs of circulation? 7. What is the purpose of digestion? 8. Describe briefly the alimentary canal. 9. Give *briefly* the plan of the nervous system. 10. What are the principal functions of the blood?

Materia Medica.—1. For what do the following abbreviations stand? t.i.d.; c.c.; s.s.; p.r.n.; a.s.; and q.s. 2. How may a nurse always know certainly that she is giving the medicine just as it is ordered? 3. What is a saturated solution? Name two saturated solutions very commonly used. 4. How are salol, quinine, and phenacetin usually administered? Why? 5. Define laxative, cathartic, and purgative, with example of each and dosage. 6. What is meant by cumulative action of a drug? 7. What are the symptoms of over dosage of morphine? Of strychnine? 8. Give common dosage of the following: morphine, strychnine, croton oil, calomel, ergot, Fowler's solution, and atropine. 9. How would you prepare a 1-150 gr. of atropine from a tablet of 1-100 gr.? Morphine gr. 1-6 from tablet gr. 1-4? 10. Define antidote, emetic, sedative. When are emetics used? Tell three simple emetics found in any home.

Surgery.—1. How would you determine whether a patient is suffering from shock or internal hemorrhage? 2. (a) Differentiate between arterial and venous hemorrhage. (b) How would you apply a tourniquet? Mention precautions to be observed in applying same. 3. Give standard set of instruments to be used in appendectomy. 4. What nursing methods may a nurse use to check excessive vomiting following anaesthesia? 5. (a) Differentiate between thrombus—phlebitis—and embolism. (b) Mention two points to be especially guarded against in caring for a patient suffering from any one of these complications. 6. (a) Name three materials commonly used for sutures and ligatures. (b) What is the difference between a continuous and an interrupted suture? 7. What are the most common complications following a major operation? 8. Name four of the greatest causes of discomfort to a patient after abdominal operation; how relieve these? 9. Describe "Fowler's" position. 10. What nursing methods would you employ in care of a fractured femur while waiting for the doctor to arrive?

Contagion.—1. Define: Incubation, invasion, immunity, desquamation, quarantine. 2. Describe the appearance of a diphtheretic throat. Name four complications of diphtheria. 3. Describe nursing care following tracheotomy operation. 4. Describe the rash of scarlet fever and give four symptoms of the disease. 5. What are the most common complications of scarlet fever? 6. Describe three different means by which disease germs may be transmitted from the sick to the well. 7. What instruction would you give to a mother if she consulted you regarding isolation? 8. Describe in detail the preparation of a patient and nurse prior to release from quarantine. 9. Describe the method of procedure of applying compresses to infected eyes. 10. Where may information concerning state laws and regulations of contagious diseases be obtained?

Urinalysis.—1. Name female urinary organs. State function of each. 2. (a) What is the normal amount of urine voided by an adult in twenty-four hours? (b) The reaction? (c) Specific gravity? 3. How do you collect and measure a twenty-four hour specimen of urine? Why? 4. In what diseases is it especially important to measure and analyze urine carefully and frequently? Why? 5. When and why is it necessary to disinfect urine? 6. What facts with regard to urine should be reported on clinical record? What are the findings for which microscopical examination of urine is made? 7. Give in detail one test for albumin. 8. Give in detail one test for sugar. 9. What is cystitis? Name two common causes. 10. What is suppression of urine? What is retention of urine?

Obstetrics.—1. What points should be observed by a pregnant woman as to (a) clothing, (b) exercise? 2. Discuss proper diet for pregnant women. 3. What special attention should be given the kidneys during pregnancy? 4. What are the three stages of labor? 5. Name four symptoms of eclampsia. 6. What condition of lochia would you report to physician? 7. If post-partum hemorrhage should occur when physician was not present, what would you do? 8. Tell how to care for engorged breasts. 9. What attention should be given nipples? Whose fault is it if cracks occur in nipples? 10. Describe normal stool of infant one day old. Describe normal stool of infant two weeks old.

Sick Children.—1. Tell how to give an enema to a baby, including amount of solution used. 2. What are the symptoms of acute indigestion in children? Name three usual orders to overcome same. 3. What are the principal points to be remembered in the nursing of chorea? 4. What are the chief causes of the summer diarrhoea of infants? What advice would you give a mother with a view

to its prevention? 5. Mention three common causes of convulsions with children. 6. What symptoms indicate that a child is not properly nourished? 7. What is modified milk? Give formula with age of child to correspond. 8. By what nursery training may the examination and treatment of children be made much easier? 9. What is the normal temperature of an infant? Where should it be taken? How long should thermometer be left in place? 10. What dangerous symptoms should a nurse watch for in cases of inflammatory diseases of the ear? How would you syringe a child's ear?

Ethics of Nursing.—1. What do you understand by nursing ethics? 2. State briefly what you consider a nurse's duty in a community regarding the prevention of disease? 3. Do nursing organizations have a tendency toward raising the standards of nursing? If so, how? Of what nursing organization are you a member? 4. Of what value is registration to the individual nurse? Why do you wish to be registered? 5. Tell briefly what you know of the American Red Cross Nursing Service. Define loyalty to physician. 6. As a special nurse called to a hospital, how would you conduct yourself? In what condition would you leave your patient's room? 7. Of what value are nurses' central directories? Why should nurses co-operate with them? 8. On whom does unprofessional conduct reflect most, the nurse or her profession? 9. Name five qualifications for nurses you deem essential. 10. What care should you give your patient's belongings?

Dietetics.—1. Name the secretions which act on the food in the mouth, stomach and intestines. 2. (a) Define digestion. (b) Define absorption. (c) Where does the greater amount of absorption take place? 3. What class of food is (a) tissue builders? (b) Heat and energy builders? 4. What articles of food are especially to be avoided in nephritis? 5. If you keep the juice in meat how do you cook it? 6. Which has the higher nutritive value, fish or meat? Which is more easily digested? 7. How would you manage and what articles of food would you give if you were made responsible for a case of severe emesis during pregnancy? 8. Give one method of predigesting milk. 9. Why is milk called a perfect food? 10. What do you understand as a caloric unit?

BIRTHS

On January 1, at Merchantville, N. J., a daughter, Jessie Marie, to Mr. and Mrs. M. E. Hall. Mrs. Hall was Bertha Steer, class of 1910, Woman's Hospital of Philadelphia.

On January 5, at Pen Argyl, Pa., a son, Clyde Jr., to Mr. and Mrs. Clyde Thomas. Mrs. Thomas was Margaret Green, class of 1912, Woman's Hospital of Philadelphia.

On December 17, at Philadelphia, a son, Walter Elwood Swab, to Mr. and Mrs. Harry L. Trucksess. Mrs. Trucksess was Edith Alice Swab, class of 1906, Methodist Episcopal Hospital, Philadelphia.

On December 27, at Monmouth, Ill., a son, to Mr. and Mrs. William Rippey. Mrs. Rippey was Mabel Earl, class of 1914, Proctor Hospital, Peoria.

In November, a daughter, to Mr. and Mrs. Luke Harrison. Mrs. Harrison was Lena Woodall, class of 1909, Missouri Baptist Sanitarium, St. Louis.

On January 4, a son, to Mr. and Mrs. Henry Goekens. Mrs. Goekens was Elizabeth McGlaughlin, class of 1913, St. Joseph's Hospital, Lancaster, Pa.

MARRIAGES

In December, 1917, Harriet Spangler, class of 1916, Woman's Hospital of Philadelphia, to Oscar Garner.

On February 2, at Lorain, Ohio, Harriett Rachel Adams, class of 1907, Miami Valley Hospital, Dayton, to J. Henry Miller. Senator and Mrs. Miller will live in Newark, Ohio.

On December 22, at Assinippi, Mass., Edna Winnifred Farrar, Rufus Frost Hospital, Chelsea, to Basil Sumner Simmonds. Mr. and Mrs. Simmonds will live in North Hanover.

On January 23, Sallie Foard, a graduate of Watts Hospital, Durham, N. C., to Dr. McNider, of the faculty of the University of North Carolina. Dr. and Mrs. McNider will live in Chapel Hill, N. C.

On February 4, at Whitinsville, Mass., Olive M. Poucher, class of 1915, Bishop Memorial Hospital, Pittsfield, to Walter H. Stevens. Mr. Stevens is now stationed at Fort Slocum.

On January 2, at Monmouth, Ill., Dora Best, class of 1917, Monmouth Hospital, to Loxley Eckles.

On February 2, at Monmouth, Ill., Lillian Cable, class of 1917, Monmouth Hospital, to Ralph Ferguson.

On November 8, at Waterbury, Conn., Emily Pepper, class of 1911, New Britain General Hospital, to John Buell. Mr. Buell is stationed at Camp Gordon, Atlanta, Ga.

On December 22, Helen Peterson Harris, class of 1914, Kansas City General Hospital, Kansas City, Mo., to John Harris. Mr. and Mrs. Harris will live near St. Joseph.

On February 5, Sadie Davis, class of 1914, Maryland University Hospital, Baltimore, to A. W. Ryer, M.D.

On January 12, at Brown City, Mich., Mary Ware, class of 1915, University of Michigan Training School, Ann Arbor, to Earl C. Currah. Mr. and Mrs. Currah will live in Kansas.

On September 29, at Auburn, N. Y., Florence Evelyn Meaker, class of 1910, New England Hospital for Women and Children, Boston, Mass., to Sergeant George Carter Emrick, of the 4th U. S. Field Artillery.

On December 24, at Waco, Texas, Ruth Lavern Bowen, class of 1916, Cleveland City Hospital, Cleveland, Ohio, to Lieutenant Charles W. Burhans, of the Medical Reserve Corps, U. S. A. Dr. Burhans is stationed at Camp Beauregard, Alexandria, La., and Mrs. Burhans will continue her work on the staff of school nurses in Cleveland.

On December 28, at Ft. Smith, Ark., Alameda Wylie, class of 1916, Sparks Memorial Hospital, to Homer Shields. Mr. and Mrs. Shields will live in Greenwood, Ark.

Recently, Anna Shiffner, class of 1910, Hinsdale Sanitarium, Hinsdale, Ill., to Samuel Haffner. Mr. and Mrs. Haffner will live in Three Forks, Montana.

On December 14, at Topeka, Kansas, Louisa Duncan Shaffer, class of 1913, Children's and Episcopal Hospitals, Washington, D. C., and post graduate of Tuberculosis League, Pittsburgh, Pa., to Gail W. Riggs.

On January 5, in Greenwich, N. Y., Mary Frances Henderson to Francis O. Anderson, M.D., of Montreal.

On December 26, Wilma Grooters, class of 1913, Lutheran Hospital, Sioux City, Iowa, to Louis Walden Hills. Mr. and Mrs. Hills will live in Long Beach, California.

On January 16, in Philadelphia, Ellen H. Clouser, class of 1916, Pottsville Hospital, Pottsville, Pa., to George A. Parker, M.D. Miss Clouser was night superintendent of the hospital.

On February 9, Bessie Rodgers, Iowa Methodist Hospital, to William F. Adams. Sergeant and Mrs. Adams will live in Des Moines, Iowa.

On January 31, in Des Moines, Iowa, Clara May Hayes, a graduate of Mercy Hospital, to Harry M. Poole. Mr. and Mrs. Poole will live in Des Moines.

On January 26, in Des Moines, Iowa, Elizabeth Patterson, class of 1917, Des Moines General Hospital, to Roy Barrick, M.D. Dr. and Mrs. Barrick will live in Alta, Iowa.

On January 7, May Coyle, class of 1909, Grace Hospital, Detroit, to Robert Turner. Mr. and Mrs. Turner will live in Canfield, N. J.

In December, at Boston, Edith A. Grau, class of 1907, Boston City Hospital, to E. J. Connell. Mr. and Mrs. Connell will live in North Adams.

In January, in Boston, Mary Kyle, class of 1914, Boston City Hospital, to Reginald D. Margeson, M.D. Dr. and Mrs. Margeson will live in Boston.

On February 1, in Haverhill, Mass., Elizabeth V. Tourtillotte, class of 1904, Boston City Hospital, to George A. Childs. Mr. and Mrs. Childs will live in Haverhill.

DEATHS

On December 9, at State Home for Girls, Trenton, N. J., Elizabeth M. E. J. Slaughter, class of 1892, Woman's Hospital of Philadelphia.

In January, Mrs. Flora E. Kirkpatrick. Mrs. Kirkpatrick was Flora Engel, class of 1900, Woman's Hospital of Philadelphia. She had only recently been married to Mr. Kirkpatrick of Utah.

In December, at Mercer, N. J., Rachel A. Moore, class of 1896, Boston City Hospital. Miss Moore was night matron at the Mercer Hospital at the time of her death.

On January 13, in Winnipeg, Canada, after a long trying illness borne with marked patience, Isabella Smith, class of 1895, Boston City Hospital.

On January 27, at the City Hospital, Providence, R. I., of spinal meningitis, Agnes Cunningham, class of 1907, St. Joseph's Hospital, Yonkers, N. Y. Miss Cunningham did private nursing in Providence until about eight months ago when she went to the Providence Surgical Hospital, where she has since been in charge. Owing to her genial nature she has a wide circle of friends, by whom she will be greatly missed.

On February 6, Mary L. Bird, at the Job Haines Homes, Bloomfield, N. J., where she had resided for fourteen years. Miss Bird was 84 years old, and one of the earliest graduates of the Orange Training School for Nurses, Orange, N. J.

Recently, somewhere in France, of pneumonia, Alice Ireland, class of 1910, Protestant Episcopal Hospital, Philadelphia. Miss Ireland was a member of Base Hospital No. 34. Her friends and professional associates have suffered a deep loss in the death of this faithful and efficient nurse.

On January 15, at Chicago, Illinois, suddenly, Anna Andrews, graduate of Wesley Hospital. Miss Andrews belonged to the oldest group of visiting nurses in this country. She worked in the Stock Yards District, and to the families "back of the yards," she not only gave skilled care in time of illness, but was a friend and counselor as well. She was an unusual woman, and a superior nurse. Her physical endurance was a marvel. She had never known a day's illness, and her death came quietly, at the end of a busy day's work. The Public Health Nurses of the new day may well emulate the character of her service.

On January 31, in New York City, of pneumonia, Irene M. Johnson, class of 1890, Hospital of the Good Shepherd, Syracuse. For about ten years after her graduation, Miss Johnson with her friend, Miss Vidler, maintained a private hos-

pital which she left in order to act as second assistant superintendent of her own school. After some years of service in this capacity, she became superintendent of the Niagara Falls Memorial Hospital and Training School, where she did most excellent work, remaining until early in 1916; her health began to fail eighteen months earlier. She had been made a member of the Board of Nurse Examiners of New York in 1914, a position she held at the time of her death. Her home was in Henderson Harbor, New York. Miss Johnson was one of the women upon whom others rely, to whom they turn for assistance, sure of a response. She will be greatly missed by her associates in nursing work as well as by her friends.

On January 3, at Fort Riley, Kansas, Lottie R. Hollenback, class of 1907, Kansas City General Hospital, Kansas City, Mo. Miss Hollenback was a member of Base Hospital Unit 28, but with four other nurses had been loaned for cantonment service and was assigned to duty at Fort Riley on November 21. She died of pneumonia after two days' illness. Those who have known and loved her for many years feel that the nursing profession has lost a wonderful character in her death. She was one who realized at all times that her profession stood for service. During ten years of private duty she was never known to refuse a call, when registered for duty. The insurance which she had recently taken out is to be used to purchase Liberty Bonds, so that her work may go on, as her old parents expressed it.

On December 30, somewhere in France, of pneumonia, May Berry, class of 1913, Protestant Deaconess Hospital, Indianapolis. Miss Berry was a member of Army Base Hospital No. 82. On January 27, a beautiful and impressive memorial service was held in the Nurses' Home of the Deaconess Hospital, and many earnest tributes were paid to Miss Berry as a nurse and as a friend.

BOOK REVIEWS

PREVENTIVE MEDICINE AND HYGIENE. Third Edition. By Milton J. Rosenau, Professor of Preventive Medicine and Hygiene, Harvard University; Director of the School for Health Officers, Harvard University and the Massachusetts Institute of Technology; formerly Director of the Hygienic Laboratory, U. S. Public Health Service. D. Appleton and Company, New York and London. Price \$6.50.

In 1913, Professor Rosenau published the first edition of this authoritative work upon modern progress in hygiene and sanitation. The author has had a varied experience in public health work, as quarantine officer in epidemic campaigns, and in public health laboratories in this country, on the continent, and in the tropics. So far as is known, no other book on the subject covers the broad field considered in this volume. The book naturally divides in two parts, that which deals with the person and that which deals with the environment. Exact knowledge is required and this is given. The demand for the work was so great and the advancement of the knowledge of preventive medicine so rapid, that a second edition was necessary in 1916. This third edition has been prepared to meet the needs of the present emergency, the great war. It contains a discussion of the Duties and Organization of the Sanitary Corps, the Examination of Recruits, Diseases of the Soldier, Sanitation of Troops and Trenches, Physical Training, Red Cross, Rations, etc. "New" diseases and new medical conditions which have arisen in the present world war, such as trench fever, trench foot, war nephritis, shell shock, gas poisoning, etc., are discussed. It is a most valuable and indispensable book for the reference shelf of every training school.

A DIETARY COMPUTER. By Amy Elizabeth Pope. Formerly instructor in the School of Nursing, Presbyterian Hospital, New York; Instructor in the School of Nursing, St. Luke's Hospital, San Francisco, California. Author of Quiz Book of Nursing, Anatomy and Physiology for Nurses, A Medical Dictionary for Nurses, and with Anna C. Maxwell, Practical Nursing. G. P. Putnam's Sons, New York City. Price \$1.25.

Miss Pope is so well known to the nursing profession as a teacher of ability and attainment, that a new book from her pen is always welcome to instructors and progressive nurses. Diet is recognized as a peculiar factor in the treatment of disease as well as a means of retaining health. At the present time, dietaries are generally calculated in calories, so many calories per kilogram of body weight per

day. Therefore this recently published Dietary Computer will be a splendid addition to the nurse's book shelf. Concise and accurate tables from authoritative sources are given on Food Requirements, Chemical Composition and Caloric Value of Common Foods, Carbohydrate Equivalents, and individual recipes computed in calories. To the private duty nurse, the book will be of exceeding value as she has not ready access to tables and diet lists. It is a book of convenient size and most modest price and should be generally owned and used.

THE MODERN MILK PROBLEM. By J. Scott MacNutt, Lecturer on Public Health Service, Department of Biology and Public Health, Massachusetts Institute of Technology; formerly Health Officer of Orange, N. J. The Macmillan Company, New York City. Price \$2.00.

Because milk is a most valuable food, it is considered a necessity of civilization. The subject of safe, wholesome milk is, therefore, of interest to a great number of persons. The problem which this author takes up is the problem of a pure milk supply. He discusses the point of view of the sanitary expert, of the farmer, of the dealer, of the physician, and of the consumer. The sanitary and economic factors are fully stated and the solution of the problem is considered to be a standardization of grading. The book provides a convenient survey of the milk question, not merely for health officials and milk inspectors, but for all those interested to obtain both a safe and decent milk supply at a fair price. The public health nurse, especially, would do well to familiarize herself with this problem, for she has wide opportunity to aid in its solution.

ELEMENTS OF ANATOMY AND PHYSIOLOGY FOR NURSES. By Percy M. Dawson, M.D., Assistant Professor of Physiology, University of Wisconsin, Madison; formerly Associate Professor of Physiology, Johns Hopkins University, Baltimore. The Macmillan Company, New York. Price \$1.75.

A really excellent text book for first year pupils. The text is clear, the illustrations and diagrams useful, and the subject matter fundamental and adequate. No nurse can become or need become acquainted with the whole field of anatomy and physiology, but she can know fairly well those parts which border on her own experience. Professor Dawson has been an instructor in these subjects in the training schools of the Johns Hopkins Hospital and the Madison General Hospital and is therefore able to meet this demand. The book is fittingly dedicated to Miss Nutting of Teachers College, Columbia University, who has inspired many to greater educational effort.

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